





THE SEVENTY-NINTH

ANNUAL REPORT

UPON THE

HEALTH OF LEICESTER

FOR THE YEAR 1927

BY

C. KILICK MILLARD, M.D., D.Sc.

MEDICAL OFFICER OF HEALTH.

INCLUDING

REPORT of the TUBERCULOSIS OFFICER.

REPORT on the CITY HOSPITAL and SANATORIUM.

REPORT of the CITY ANALYST.

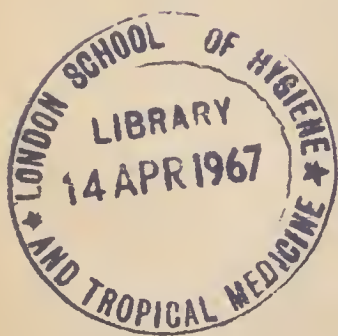
REPORT of the CHIEF SANITARY INSPECTOR.

REPORTS on the V.D. CLINICS.

LEICESTER:

LEICESTER CO-OPERATIVE PRINTING SOCIETY LIMITED, 99 CHURCH GATE.

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(As constituted January 1st, 1928.)

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Assist. Tuberculosis Officer	E. G. LAWRIE, M.B.
Maternity and Child Welfare Officer	HELEN P. DENT, M.B., B.S. (LOND.)
Medical Supt. City Hospital and Sanatorium	H. STANLEY BANKS, M.B., D.P.H.
Assist. Medical Officers	G. McCracken, L.R.C.P.
	J. C. MACKENZIE, M.B.
	(since resigned).

Sanitary Inspectors.

S. W. BARKER.	5 6	J. W. NORTH.	1 2
W. W. BAUM.	1 2 4	T. PARRY.	1 2
S. BEEVER.	1 2	W. J. PARKINSON.	1 2 7
M. C. CRIPPS.	1 2	A. T. PRICE.	1 2
J. ECKERSLEY.	1 2	F. SOWERBUTTS.	1 2 5 6
H. ELKINGTON.	2 5	M. TYLDESLEY.	1 2 5
W. C. LONG.	1 2	E. THOMPSON.	1 2
W. MUSTON.	1 2		

<i>City Hospital and Sanatorium</i>	Miss E. A. DAVIES, R.R.C.	12
<i>Maternity Home</i> ANNIE COMPTON.	16 12
<i>Day Nursery</i> ALICE M. MASON.	12

District Health Visitors—

Manageress of Milk Depot

<i>Tuberculosis Nurses</i>	.. .. .	Miss F. BEASLEY, ^{10 12}
		" E. MOUND, ^{10 12}
		" B. M. KEELING, ^{10 12}

Chief Clerk, Sanitary Office T. P. POYNOR.

C. H. LANGRAN. Miss M. L. CONDON. Miss E. M. RIDDLE.
F. KELLETT. „ K. M. THORP. „ D. R. POTTERTON.
„ „ „ „ „ R. BREWARD.

City Hospital and Sanatorium Mrs. ADAMS,
Miss E. GALLIARD.

- iii.

CITY OF LEICESTER.

HEALTH COMMITTEE.

Chairman.

Mr. HINCKS, O.B.E., J.P.

Vice-Chairman.

Mr. PARBURY.

THE MAYOR.	Miss FRISBY, J.P.	Mrs. SWAINSTON.
Mr. ADAMS.	Mr. HARRY HALLAM.	Mr. J. M. WALKER.
" CANNER.	Ald. HAND, J.P.	Ald. T. W. WALKER.
" CLEAVER.	Mr. JOHNSON.	Ald. WILFORD, J.P.
" CORT.	" C. E. KEENE.	" WINDLEY, J.P.
Miss FORTEY, J.P., B.Sc.	" SMITH.	

The Committee meets every alternate Friday in the Committee Room, Town Hall, at 3.30 p.m.

The Health Committee, together with the following co-opted members, not being members of the Town Council, constitute the Statutory Maternity and Child Welfare Committee:—Mrs. Banton, Mrs. Cooper, Mrs. Taylor, Miss E. J. Windley, B.A.

Accounts Sub-Committee.

Mr. CANNER.	Mr. CLEAVER.	Mrs. SWAINSTON
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Isolation Hospital and Dispensary Sub-Committee.

Mr. HINCKS (Chairman).	Mr. HARRY HALLAM.	Mr. J. M. WALKER.
" CLEAVER.	" JOHNSON.	Ald. T. W. WALKER.
" CORT.	" C. E. KEENE.	" WILFORD.
Miss FORTEY.	" PARBURY.	" WINDLEY.

Health Inspection Sub-Committee.

Mr. JOHNSON (Chairman)	Miss FRISBY.	Mr. SMITH.
" ADAMS.	Mr. HARRY HALLAM.	" J. M. WALKER.
" CORT.	" HINCKS.	Ald. T. W. WALKER.
Miss FORTEY.	" PARBURY.	

Maternity and Child Welfare Sub-Committee.

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Mrs. R. BANTON.	Mr. HARRY HALLAM.	Mrs. SWAINSTON.
Mr. CLEAVER.	Ald. HAND.	" L. TAYLOR.
Mrs. A. COOPER.	Mr. HINCKS.	Miss E. J. WINDLEY
Miss FORTEY.	" JOHNSON.	

Maternity Home and Day Nursery Management Sub-Committee.

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Mrs. BANTON.	" JOHNSON.	" TAYLOR.
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" HARRY HALLAM.	" SMITH.	" WINDLEY
" HINCKS.	Mrs. SWAINSTON.	
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General Purposes Sub-Committee.

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" CLEAVER.	" C. E. KEENE.	" WILFORD.
Miss FORTEY.	" PARBURY.	
Ald. HAND.	Mrs. SWAINSTON.	

Necessitous Cases Sub-Committee.

Mrs. COOPER (Chairman).	Mr. HARRY HALLAM
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SUMMARY OF STATISTICS

FOR THE YEAR 1927.

CITY OF LEICESTER.

Population at Census, 1921	234,143
„ (estimated) at Mid-year 1927	..	..	..	245,000
Marriages	..	..	..	2,159
Marriage-rate	..	..	..	17.6
Births	..	..	..	3,965
Birth-rate	..	..	..	16.18
Deaths (corrected for transferable deaths)	..	..	..	3,044
Death-rate	..	..	..	12.42
Deaths under One Year	..	..	..	298
Infant Mortality (per 1,000 Births)	..	..	..	75.15
Zymotic-rate	..	..	..	.55
Diarrhoea-rate	..	..	..	.09
Respiratory-rate	..	..	..	1.82
Cancer-rate	..	..	..	1.32
Tuberculosis-rate	..	..	..	1.41
Phthisis-rate	..	..	..	1.15

Area of City (in acres)	..	..	..	8,582
Number of persons per acre at Census, 1921	..	..	..	27.2
Number of persons per Tenement at Census, 1921	..	..	..	4.28
Number of Inhabited Tenements, Census, 1921	..	..	..	54,657
Number of Inhabited Tenements, December, 1927	..	..	..	59,854
Number of Empty Houses, Jan, 1928	..	..	..	329
Rateable value (31st December, 1927)	..	..	..	£1,499,574

Rates in the £ :	1926-27	1927-28
	s. d.	s. d.
Poor Rate	.. 2 6	.. 2 9
General District Rate	.. 11 6	.. 12 2

	England & Wales	107 Great Towns (Population exceeding 50,000)	London
	(For comparison).		
Birth-rate	.. 16.7	17.1	16.1
Death-rate	.. 12.3	12.2	11.9
Infant Mortality (per 1,000 Births)	.. 69	71	59

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HEALTH DEPARTMENT,
GREY FRIARS,
LEICESTER,
7th June, 1928.

To the Chairman and Members of the Health Committee.

LADIES AND GENTLEMEN,

I beg to present the Annual Report on the Health of Leicester for the year 1927.

The retrospect may be regarded as favourable. The death-rate was 12.4, the birth-rate 16.1, and the infant mortality 75.1. The last two mentioned rates were the lowest on record.

The epidemic of poliomyelitis which visited the city in 1926 has shown no signs of returning. The deaths from cancer showed a substantial reduction on the record figures for 1926. The deaths from diphtheria also showed a decided reduction.

Smallpox (of the mild variety) was introduced into the city on four occasions, but fortunately did not succeed in gaining a foothold. The total number of cases reported was only seven. All the cases made rapid and complete recoveries.

Subjects in the Report to which special attention is drawn are :—

Scarlet Fever	..	..	page 12.
Cancer Clinic	..	..	„ 27.
Venereal Disease	..	..	„ 31.
Accidents	..	..	„ 39.
Housing	..	..	„ 53.

Under Scarlet Fever, the new policy in regard to removal to hospital is discussed.

A new bye-law making it compulsory for butchers to stun all animals with a mechanically operated instrument prior to slaughter was passed by the City Council in July and came into operation

early in the present year. I am glad to be able to report that the bye-law appears to be working satisfactorily and, although the Leicester Butchers' Association strongly opposed the passing of it as being, in their opinion, unnecessary, they are loyally observing it now that it has come into operation. I wish to take this opportunity of publicly expressing my appreciation of the way in which the Leicester butchers have met us in this matter.

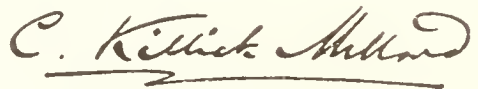
The work of the Tuberculosis Dispensary, the Isolation Hospital and Sanatorium, the City Laboratory, the Sanitary Inspection Department, and the V.D. Clinics is reported upon separately by the respective officers in the appendices.

I desire to express my appreciation of the work of these officers and also of the Health Department Secretary, Mr. W. Carr, who is of the greatest possible assistance in carrying on the work of the Department as a whole.

To the Chairman and all the members of the Health Committee, I wish to tender my best thanks for the courtesy and consideration they have invariably extended to me.

I am, Ladies and Gentlemen,

Your obedient servant,


Medical Officer of Health.

Medical Officer of Health's Report

FOR THE YEAR 1927.

PART I.

Population.

The Registrar General estimates the population of Leicester, as at the middle of 1927, to be 245,000. This is 3,300 more than the estimated figure for the previous year, which, it may be recollected, showed an actual decrease on the figure for 1925. It seemed so unlikely that the population was actually decreasing in spite of the fact that undoubtedly many Leicester people were going to live outside the City boundaries, that I ventured to suggest in my last report that the Registrar General's estimate was probably too low. This year's estimate is in my opinion much nearer the truth.

The Registrar General's estimate for each of the six years since the last Census has been as follows :—

1921 (Census year).				Increase or Decrease.
1922	..	238,800	..	+ 900
1923	..	239,700	..	+ 900
1924	..	241,800	..	+ 2,100
1925	..	242,100	..	+ 300
1926	..	241,700	..	— 400
1927	..	245,000	..	+ 3,300
Nett increase in six years				7,100

During the same period the births registered have numbered 26,878 and the deaths 17,757, showing a "natural increase" of population of 9,121.

Marriages.

The number of marriages solemnised in Leicester during the year was :—

In Church of England	..	1,177
Elsewhere	.. ..	982
Total		2,159

The **Marriage-rate** was 17.6 compared with an average of 17.8 for the previous five years.

Births.

The corrected number of births for the year was 3,965, of which 2,007 were males and 1,958 were females. The number is 154 less than in the previous year. The number of births has been falling ever since 1920, when it reached a maximum with 5,905 following demobilisation.

The excess of births over deaths was 962. In the previous year it was 1,142, and in 1925, 1,063.

The **Birth-rate** was 16.18, being the lowest figure hitherto recorded.

Still-Births.

The number of still-births notified was 116, viz., 75 by midwives and 41 by doctors. The number of interments of still-born children at the City cemeteries was 179, so that a considerable proportion of cases still escape notification. From time to time Medical practitioners and midwives have their attention drawn to the obligation to notify.

Illegitimacy.

The number of illegitimate births was 203, equal to 4.9 of the total births. This is about an average figure.

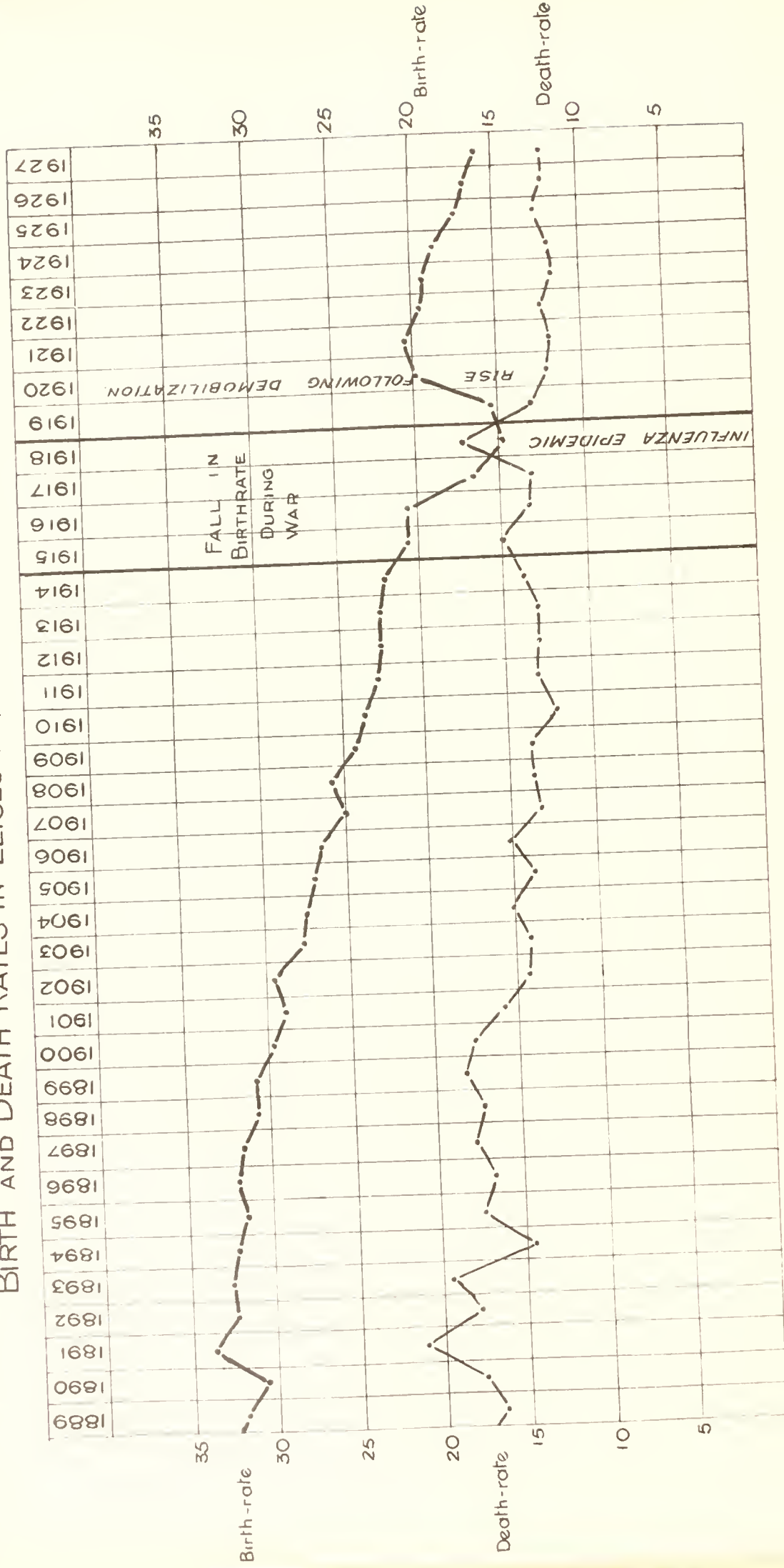
Deaths.

The number of deaths, after making the usual corrections for institutional and transferable deaths, was 3,044, of which 1,544 were in males and 1,500 were in females. The average number of deaths for the previous five years was 2,971.

The **Death-rate** was 12.42, as compared with an average during the previous five years of 12.32.

GRAPH I

BIRTH AND DEATH RATES IN LEICESTER, 1889-1927.



The progressive reduction in the birth and death-rate is shown in Graph 1.

There is some reason to think that we may have reached low watermark as regards the death-rate in Leicester. Indeed, even though the health of the town remains equally good, we must be prepared for an increase in the number of deaths with a consequent rise in the death-rate.

In past years in Leicester, as in other growing towns, the excess of births over deaths has resulted in an excess of young lives in the population, and this has necessarily favoured a low death-rate. With the continued fall in the birth-rate the age-constitution of the population is changing, the proportion of younger lives falling as compared with the older lives. Deaths amongst the latter are necessarily higher than amongst the former.

Infant Mortality.

During the year the number of deaths of infants under one year of age was 298, equal to an infant mortality per 1,000 births of 75.15.

The figures (omitting decimals) for the previous ten years have been as follows :—

1917	..	105		1922	..	87
1918	..	108		1923	..	84
1919	..	98		1924	..	79
1920	..	89		1925	..	87
1921	..	85		1926	..	77
		1927	..			75

It will be seen that last year we established a fresh record as regards infant mortality in Leicester. Whereas at one time it was our ambition to fall below 150, then below 100, then below 80, now we look forward to falling below 70 ; and there is no reason indeed, when we consider the most remarkable reductions that have been already achieved, why we may not reasonably hope some day to fall below 50. The best Ward in the City has already reached that figure, and we must strive to bring all down to the same low level.

Whilst we cannot expect to bring down the general death-rate below a certain point, seeing that everyone must die some day, there is no theoretical limit below which infant mortality may not fall, since infants are born to live, not to die, and it is not really necessary that any infant should die during the first year of life.

Infant Deaths at Different Age Periods.

At the same time, until we know more about the influences at work before birth (ante-natal factors) and how to control them, it is too much to expect that infant mortality will ever be entirely eliminated. A large number of infants are really sentenced to death before they are born, and when they are born they are so handicapped in one respect or another that they are physically unable to maintain the battle of life under the fundamentally altered conditions of their environment.

As an example, we may cite the case of an infant born with some congenital defect of the heart affecting the pulmonary circulation. This may not have been of great importance during intra-uterine life but becomes of vital consequence after birth. Similarly with certain other congenital defects. Then there is a large group coming under the head of "congenital debility," where the infant seems so poorly endowed with "vitality" that in spite of all efforts it languishes and dies. It is not surprising, then, to find that a very large excess of deaths of infants during the first twelve months of life occur during the first month, and especially during the first week of life.

During 1927, out of 298 deaths of infants during the first year no less than 148, or practically **one-half**, occurred in the first month; and of these 107, or **one-third**, occurred during the first week.

This is shown graphically in Graph II.

COMPARATIVE WARD STATISTICS.

(See Tables 1-3.)

The real object of statistics is to enable comparisons to be made, since isolated data convey very little. It is always interesting to compare one district or unit of population with another. Although annual fluctuations in birth and death-rates may introduce a disturbing factor, there are certain districts in Leicester, as in all cities, which tend to come out much better, or worse, than others. The contrasts indeed are often striking and significant.

Ward Death-Rates, 1927.

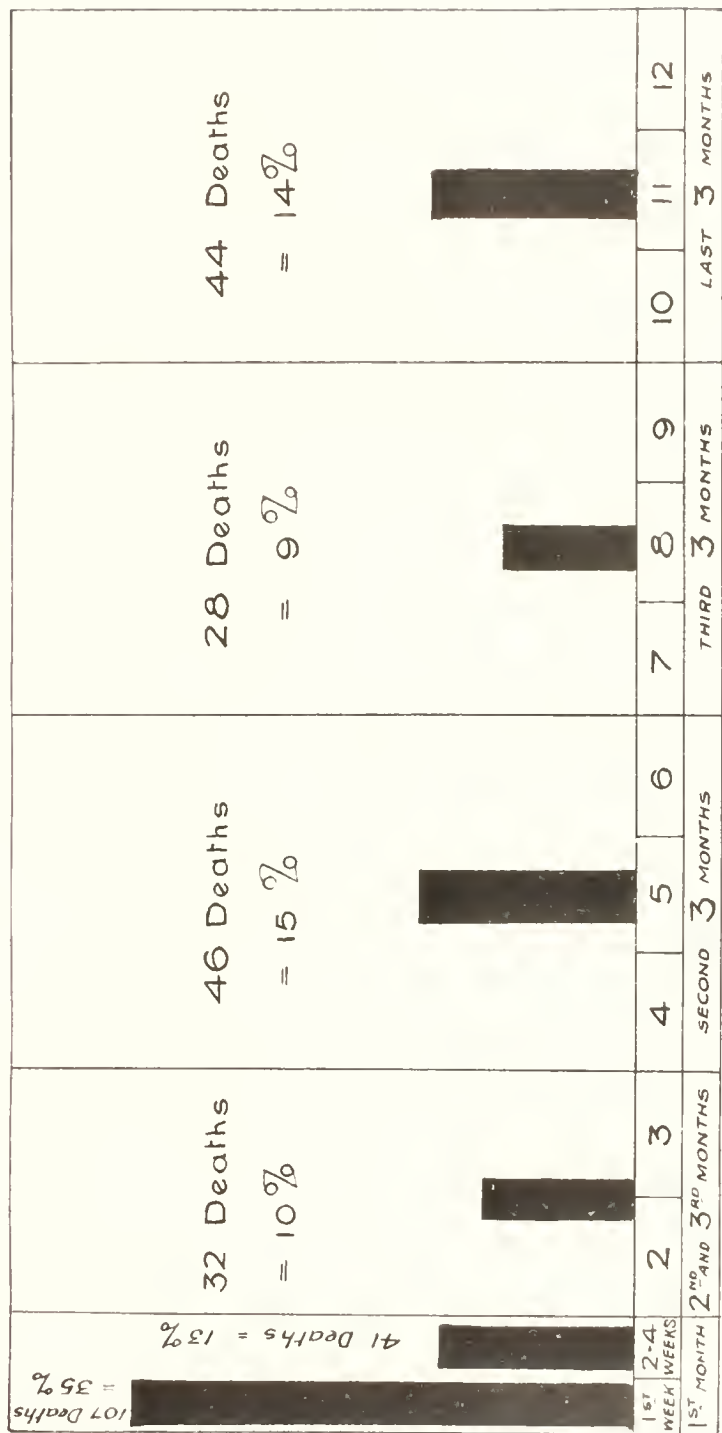
Highest.			Lowest.		
Wyggeston	..	18.0	Knighton	..	8.8
Wycliffe	..	17.2	W. Humberstone	..	8.9
Newton	..	15.3	Aylestone	..	9.4
St. Margaret's	..	15.2	Belgrave	..	9.6

Knighton Ward, which in the previous year failed to get on to the "Honours List," recovered her pride of place in 1927 with the

GRAPH II

INFANT DEATHS IN 1927.

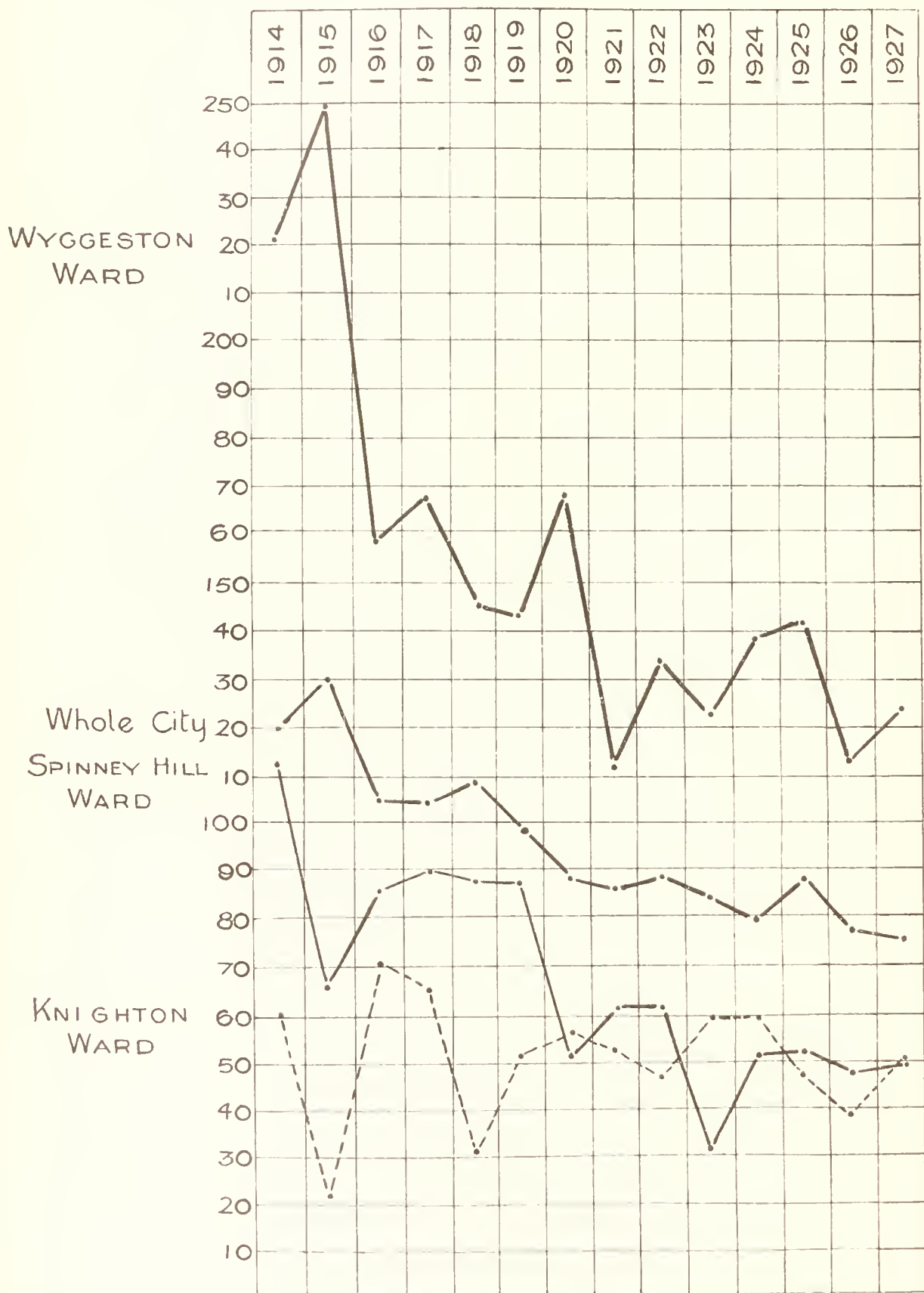
AT DIFFERENT PERIODS DURING FIRST YEAR OF LIFE



Note the excessive number of deaths during first month and especially during first week of life.

GRAPH III

GRAPH showing reduction in Infant Mortality in three selected Wards as compared with Whole City.



low death-rate of only 8.8. West Humberstone was only a point behind with 8.9. Aylestone and Belgrave, each comprising healthy working-class suburbs, came a good third and fourth. Wyggeston, Wycliffe, Newton and St. Margaret's come at the other end of the list with the worst rates. These Wards are in the central congested parts of the City.

Birth-Rates.

Highest			Lowest.		
Wyggeston	..	22.7	De Montfort	..	7.6
St. Margaret's	..	21.5	Knighton	..	9.6
Aylestone	..	19.9	Wycliffe	..	10.7
St. Martin's	..	17.1	Westcotes	..	11.7

Usually a high birth-rate means a high death-rate and *vice versa*. Aylestone Ward, however, is an exception. Last year this Ward had a high birth-rate but her death-rate was very low, only 9.4. Probably this is partly accounted for by the special selected character of the new residents in the Park Estate, largely young couples at the child-bearing period of life.

Infant Mortality.

Highest.			Lowest.		
Newton	..	141	Charnwood	..	37
St. Martin's	..	132	Belgrave	..	40
Wyggeston	..	123	Spinney Hill	..	49
St. Margaret's	..	103	Knighton	..	51

The Wards with the highest infant death-rate are the four Wards in the oldest and most central parts of the City. At the other end of the scale we find Charnwood with the lowest rate, followed by three Wards on the outskirts of the City. Charnwood's extremely low rate is rather exceptional and surprising. In the previous year the figure was 109.

Phthisis Rates.

Highest.			Lowest.		
Wyggeston	..	1.95	St. Martin's	..	0.45
Latimer	..	1.74	Knighton	..	0.54
Newton	..	1.57	Wycliffe	..	0.63
Charnwood	..	1.46	Belgrave	..	0.65

Here, again, very striking and tragic contrasts are in evidence. The low rate in St. Martin's Ward, which had such a high infant mortality, and is right in the centre of the City, is rather surprising, but St. Martin's is the smallest of the Wards and with a small population accidental fluctuations are of course more apt to occur.

PART II.

Zymotic and other Specified Diseases or Causes of Death.

SMALLPOX.

It is 24 years this year (1928) since the last death from smallpox occurred in Leicester. Twenty-four years—nearly a quarter of a century—a generation—is surely a sufficient length of time to justify us in drawing attention to this remarkable immunity.

When we consider the history of Leicester in connection with the agitation against compulsory vaccination—the notorious action taken by the town over forty years ago in deciding to attempt the control of the then dreaded and fatal disease without compulsory vaccination, thereby flying in the face of orthodox medical teaching and setting the law of the land completely in defiance—the above statement that for close on a quarter of a century there has not been a single death from smallpox in Leicester is surely noteworthy and significant! Especially is this the case if we consider how convinced the experts were—with scarcely an exception—that Leicester's "Gigantic Experiment" would end in tragic disaster.

I feel all the more justified in writing in this strain because I have never concealed my faith in the great value of vaccination if employed as we employ it in Leicester, viz., for the protection of those who really need it, e.g., members of the Health Staff who have to come in contact with smallpox in connection with their duties, and also for the protection of persons (contacts) living in houses actually invaded by the disease. But the amount of vaccination that needs to be performed in this way is, of course, only very small—almost negligible, indeed,—compared with the amount that would have to be done if we adopted the usual practice of vaccinating, or attempting to vaccinate, the entire population.

I do not think it is an exaggeration to claim for the Leicester method that, in a sense, we get the maximum advantage from vaccination with the minimum of injury to health resulting from it.

Smallpox in Leicester during 1927.

Owing to the prevalence of smallpox in the North of England and elsewhere it is not surprising that the disease was introduced into Leicester several times during the year under review.

1. The first time this happened was at the end of July. A girl age 10, unvaccinated, came with her mother from her home in the North to spend a holiday with her grandmother in Leicester. Whilst they were here the girl was taken ill and an eruption appeared which was thought to be chickenpox, and no doctor was consulted. She only kept indoors for a day or two and then went about again, visiting shops in the neighbourhood, friends' houses, &c. It was only after she had returned to her home that the case was seen by a doctor and found to be smallpox. The M.O.H. for the district wrote and informed us of what had happened, and we at once took the usual precautions—hunted up all the contacts we could discover and kept them under observation until the incubation period had expired. Fortunately, no further cases resulted.

2. At the end of August a case of smallpox occurred in a man, age 21, unvaccinated, who had been on a visit to a seaside resort and who had contracted the infection while there. There were twelve rather close contacts with this case, but almost all consented to be vaccinated. None developed the disease.

3. The third importation was in the person of a young woman, age 31, unvaccinated, who also contracted the disease at the seaside from her fiancé. She returned to her home in Leicester and as she was known to have been very closely in contact she was kept isolated in her home and was visited daily by the M.O.H. She had been vaccinated in the incubation period, but too late to entirely protect her. She had a very trifling attack, some three spots altogether, and some doubt was felt at first as to whether the case need really be regarded as one of smallpox. After a day or two's careful observation, however, it was decided that the case must be regarded as smallpox, although the attack was about as slight as it could possibly be, and she was accordingly removed to hospital. Whilst she remained isolated at home she was nursed by her sister, whom we vaccinated at the outset to be on the safe side. No further cases arose from this patient.

4. The fourth importation was a man, age 65, vaccinated in infancy, who had tramped to Leicester from the North of England. He was admitted to the Casual Ward and thence transferred to the North Evington Poor Law Infirmary, where the eruption appeared.

Two other cases arose from this one, viz., a man, age 35, unvaccinated, who occupied the next bed but one in the same ward; and a man age 60, unvaccinated, who was employed at the Infirmary though not in the same ward, and who lived at home. No further cases occurred at the Infirmary, but a relative who had visited the last mentioned case at his home (a woman, age 32, unvaccinated, and who refused to be vaccinated as a contact), developed the disease. This case lived on one of the Corporation Housing Estates, and was just outside the City boundary (the adjoining house was in the City), and, therefore, technically, was not a Leicester case. By agreement with the County Health Department, however, the case was dealt with as though it had been in the City.

This last case is noteworthy as being one of the few instances in my experience where I have been deliberately deceived in investigating the history and movements of smallpox cases.

The patient, as I have said, was a contact with a previous case and had been kept under observation and seen daily by myself until the 18th day, i.e., the Thursday before Xmas. The contact had been very slight, as she was not living in the same house and the visit had been—so I was positively assured—for a few minutes only. As she appeared perfectly well on the 18th day it was not thought necessary to see her again, especially as she seemed a person who could be trusted. Unfortunately, the incubation period in this case was unusually prolonged and the eruption appeared as late as the 22nd day after exposure to infection. On the Wednesday after Xmas the husband came to tell me that some spots had appeared on his wife two days before. I at once visited her and found that she had a slight attack of smallpox. I naturally inquired into her movements at Xmas and was assured that she and her husband had remained quietly at home during the whole Xmas holiday as the wife was not feeling well, and that she had seen no one. "In fact, it was the quietest Xmas they had ever spent."

It was not until two days later that I learnt* that the people had not remained at home at Xmas. On seeing the husband and "taxing" him with this he burst into tears and confessed that he and his wife had deliberately agreed beforehand to deceive me. The truth was that they had left home on Xmas Eve and gone to stay with his wife's parents in a country village some 20 miles from Leicester, and they had remained there for three days. The wife had felt ill whilst there, but thought it was a "cold," and the eruption, which was very slight, had begun to appear on the Monday

*Through Dr. J. E. O'Connor, M.O.H. for the Blaby R.D.C., in whose district the house was.

(Boxing Day) whilst they were there. They had said nothing about this to their friends, and no precautions were taken.

It was realised that these people had been definitely exposed to infection and ought to be vaccinated at once without any further delay. Indeed, it was already late for the vaccination to be effective. I discovered that the M.O.H. for the rural district was a busy general practitioner who lived many miles away in a distant town. I telephoned to his house, but he was not expected home until the afternoon, and the next day was Sunday. It was therefore decided that the best course was to act for him as I felt sure he would wish me to do under the circumstances. I accordingly obtained some fresh Government Lymph from the supply which we always keep in cold storage and motored over to the district in question. There I met the Sanitary Inspector for the district, and with him I visited the house. I found the whole family quite willing to be vaccinated with the exception of the old mother, who was ill in bed with influenza. I vaccinated them there and then, and it is satisfactory to record that no further cases occurred. It is not implied that any cases would necessarily have occurred even if they had not been vaccinated, but I am convinced that the vaccination of contacts after exposure to infection, provided only that it is done within the first few days after exposure, is of very real value in warding off an attack.

One other case in addition to those mentioned above was reported and undoubtedly closely resembled smallpox. She was isolated, but it was decided that it was probably not a case of the disease.

It will thus be seen that there were four definite importations of the disease during the year, resulting in seven cases. Only one of these, the tramp, had been vaccinated prior to infection, and that was in infancy, 65 years before. All the cases were of the non-fatal variety of the disease, minor smallpox, as it is coming to be called. Only two cases had much eruption; the remainder were very slight. All made excellent recoveries. One case, the diagnosis of which was at first in doubt, was isolated in a detached ward at the Anstey Lane Hospital; the others were removed to the Nottingham Smallpox Hospital.

Vaccination Returns.

The number of vaccinations performed under the Vaccination Acts and registered by the Vaccination Officer during the year under review was as follows :—

Public, 79 ; Private, 93 ; Total, 172.

Exemptions granted, 3,684.

In spite of the fact that smallpox was introduced into the City on several occasions the number of vaccinations registered was actually the smallest for many years. The average for the previous five years was 247, or 6.2 per cent. of the births. This indicates how little the presence of smallpox alarms the people of Leicester. Needless to say, there is no attempt by the Health Department in Leicester to "manufacture" smallpox "scares," with the object of frightening people into getting vaccinated, and no alarmist or misleading posters are put up depicting the horrors of smallpox.

During the 41 years, 1887-1927, the births registered in Leicester have totalled 214,899, whilst the number of primary vaccinations registered, public and private, has been 17,269, or only 8.0 per cent. of the births.

During the past 20 years, 1908-1927, the corresponding figures have been, births 95,269, vaccinations 6,282, equal to only 6.5 per cent.

These figures of course, take no cognisance of the large number of adult males vaccinated in the Army during the war, of which we have no record, but this factor has only affected the vaccinal condition of the population during the past decade.

The following figures obtained for me by Dr. W. S. Thomson, Tuberculosis Officer, showing the vaccinal condition of a number of tuberculosis patients examined at the Tuberculosis Dispensary in 1926 are of interest. The sample is only a small one, but it was taken without selection except in so far as the disease, tuberculosis, which brought the patients to the Dispensary may have exercised a slight selection as regards age.

Condition as to Vaccination of 258 Patients examined at the Leicester Tuberculosis Dispensary during 1926.

Age Period.	Males.		Females.		Total.	
	Vacc.	Unvacc.	Vacc.	Unvacc.	Vacc.	Unvacc.
Under 15 ..	4	32	1	45	5	77
15—24 ..	2	30	0	37	2	67
25—29 ..	10	3	0	15	10	18
30 & upwards	42	3	16	18	58	21
Total ..	58	68	17	115	75	183

The sample included 151 individuals (68 males and 83 females) below the age of 25 years, all too young to have been in the Great

War. Of these only 8, or 5.3 per cent., had been vaccinated. Above the age of 25 there were 58 males and 49 females. Of these males, 52, or practically 90 per cent., had been vaccinated, whilst of the females only 16, or 34 per cent., had been vaccinated.

These figures clearly show the great difference age and sex makes as regards vaccinal condition.

Leicester's Position in regard to the Vaccination Controversy.

It may be of interest to record that Dr. M. Geirsvold, the Medical Officer of Health for Bergen, one of the principal seaports of Norway, was recently sent to this country by his municipality to study the question of smallpox as some apprehension was felt lest the disease, being so prevalent in the North of England, might be introduced into Bergen, with which port there is much inter-communication. Incidentally it may be mentioned that vaccination is not compulsory in Norway.

Dr. Geirsvold came to Leicester in order to learn at first hand the history and experience of our City in connection with this question, and stayed a night here. He expressed himself as much impressed with the Leicester experiment, and although a firm believer in vaccination he could see no sufficient reason, in view of Leicester's experience, for advocating the making of vaccination compulsory in Norway. Dr. Geirsvold is an excellent linguist and very proficient in the English language, as regards both speaking and writing. He announced his intention of himself translating into Norwegian the book published some years ago by your Medical Officer of Health, "The Vaccination Question in the Light of Modern Experience," which deals with the question of Leicester and Vaccination at some length.

SCARLET FEVER.

Cases, 620. Deaths, 3. Removed to Hospital, 344.

Percentage removed, 55.4.

During 1927, a special report was issued by the Ministry of Health entitled "Some Administrative Aspects of Scarlet Fever." This report was the outcome of a prolonged investigation by a Departmental Committee of the Ministry, and it reviewed the whole question of the policy of hospital isolation in this disease. The outcome of this investigation as summed up in the Report was a suggestion that the time had come for a revision of the traditional policy which has been followed in almost all towns for very many years of removing a large proportion of all notified cases to

hospital. It was pointed out that experience has shown that removal to hospital has comparatively little effect in reducing the prevalence of the disease, and that if the number of cases removed to hospital were reduced the hospital accommodation thus rendered available could be more usefully employed in treating certain other diseases that have equal or stronger claims for consideration in this respect, and which to-day are more important.

In his Preface to the report, Sir George Newman writes :—

“ The present position, therefore, is that a sort of preferential advantage in regard to hospital isolation has been attached to these four diseases (smallpox, scarlet fever, diphtheria and enteric fever). In the meantime there has been a profound change in the incidence and rate of mortality of infectious diseases. Enteric fever has almost disappeared, and scarlet fever and smallpox have, for the time being at least, appeared in a mild form, calling for less stringent or prolonged hospital treatment. On the other hand, measles, pneumonia, and infectious diseases of the nervous system have assumed a proportionally grave aspect Clearly the occasion requires a reconsideration of the use to which isolation hospitals are put by Local Authorities. **Admission to hospital must have a closer regard to the incidence and severity of disease in the locality,**”

As regards the little effect hospital isolation has in reducing the incidence of scarlet fever, Sir George writes :—

“ More disappointing still is it to learn that the exceptionally high rate of cases admitted to Isolation Hospitals which to-day obtains, is not associated with a corresponding lowered incidence-rate of the disease in the country as a whole. Again, the Committee are not satisfied that the longer a patient stays in hospital the less chance is there of his giving rise to “ return ” cases The Committee conclude that, under present conditions and on general public health grounds, too many beds in fever hospitals are being reserved for scarlet fever patients; and that some of these beds could be more profitably used for the isolation and treatment of patients suffering from infectious diseases of more importance than scarlet fever at the present time.”

Sir George points out that :—

“ . . . the prevalent practice, in many large towns, of removing nearly all notified cases of scarlet fever to hospital

has developed not through public health exigencies, but through social and traditional circumstances. Overcrowding in the smaller houses, and the fear of hampering the occupation and movement of the various wage-earners in the family, are evidently material reasons why so few cases of scarlet fever are nursed at home."

He recognises, of course, that there will always be many cases where, on account of special circumstances removal to hospital will still be desirable.

This important report of the Ministry of Health was made the subject of a special memorandum by your Medical Officer of Health, and after considering this your Committee decided to act upon the advice and recommendations of the Ministry and reduce, so far as might be found reasonably practicable, the proportion of cases removed to hospital.

The Medical Profession in Leicester were accordingly written to and the position explained to them, and their co-operation invited in treating more cases at home.

The new arrangement was begun in September, and the proportion of cases removed to hospital which had averaged 64 per cent. during the first eight months of the year, only averaged 45 per cent. during the last four months, September to December, and during the first three months of 1928 it has averaged only 42 per cent. The reason the percentage of removals has not been reduced still further has been because in so many cases there are special circumstances in which removal from the home seems imperative. The sort of circumstances referred to are :—

1. Large family and small size of house, often only two bedrooms, sometimes only one bedroom. Even when there are three bedrooms the presence of adults of both sexes may make it impossible to give the patient a separate room.

2. No one to look after the patient.

3. Interference with employment of breadwinners if case remains at home. (In Leicester where so many of the workers are engaged in some branch of the clothing industry, this is probably a more frequent reason than would be the case in other towns.)

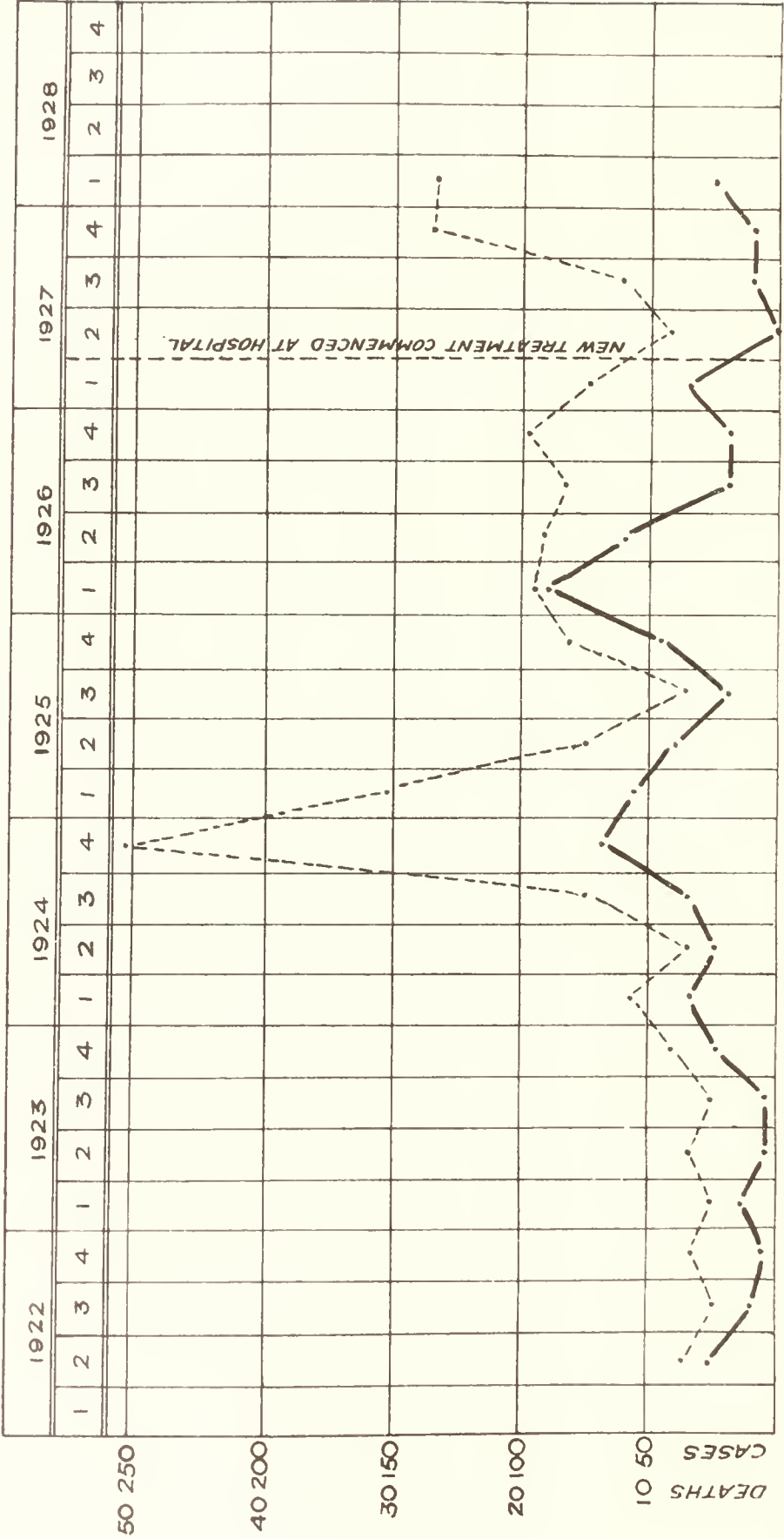
4. Special business carried on in the home, e.g., milk shop.

5. Other illness in the house at same time.

Owing to these various circumstances, and bearing in mind the necessity of not making too drastic a change in old-established

DIPHThERIA IN LEICESTER

FROM FIGURES TAKEN FROM REGISTRAR GENERAL'S QUARTERLY REPORTS
SEE TABLE 27.



DOTTED CURVE - CASES NOTIFIED.

SOLID CURVE - DEATHS REGISTERED.

customs, it was not found practicable or expedient to make quite as large a reduction in the proportion of cases removed as might have been desired. Moreover, in Leicester the proportion of cases removed to hospital had already of late years been curtailed somewhat and was not very high compared with many other large towns.

It so happened that in the last quarter of 1927 the incidence of scarlet fever throughout the whole country increased very notably and continued at a high level through the first quarter of 1928. Leicester showed the same tendency and there was a marked increase in the number of cases notified. I do not believe this increase was the outcome of the new policy, and I was not able to trace any spread resulting from the home treated cases more than when cases were removed to hospital. I feel justified in believing, therefore, that the increase in the number of cases notified in the last quarter was a coincidence and was merely a reflection of the similar increase occurring simultaneously throughout the country. I may add that diphtheria also throughout the country showed, in a remarkable way, the same fluctuations as scarlet fever.

It is difficult to make a strictly fair comparison as regards the proportion of secondary cases between patients left at home and cases removed to hospital, for cases removed to hospital are so removed largely because either the number of bedrooms is unduly small or the family unduly large, but I have had no reason to think that the proportion of secondary cases has increased since the new policy was inaugurated.

The fact that during the whole year, out of 620 cases notified there were only three fatal cases (one of which was due to inter-current disease) indicates how extremely mild the disease has now become, much less fatal probably than measles, although in the absence of notification of the latter, the exact fatality of measles can only be judged approximately.

“Return Cases.”

There were six instances when the return home of a patient from hospital was followed by a further case in the home. This is less than usual.

DIPHTHERIA.

Cases, 309. Deaths, 11. Case mortality, 3.5 per cent.

Cases removed to hospital, 285 = 92.2 per cent.

The number of fresh cases notified during the year was 309 as compared with 477, and 774 in the two preceding years. Moreover, the deaths were only seven in number as compared with 37

and 34 in the two previous years. This represents a great improvement, and there is reason to believe that the wave of prevalence which began in 1924 and reached its maximum in the last quarter of that year is now definitely waning.

The position can be seen at a glance in the accompanying Graph, No. IV., which shows the number of cases and deaths each quarter over a period of years as given in the quarterly reports of the Registrar General.

The reduction in the number of deaths is specially satisfactory as it coincides with the employment of a new method of giving anti-toxin initiated by Dr. Stanley Banks at the Isolation Hospital, to which 92 per cent. of the cases notified were admitted.

This new method consists (a) in the administration of very much larger doses of serum (in the severe cases) than we had hitherto employed, and (b) in the administration of it intravenously instead of subcutaneously or intramuscularly.

The new method was begun at the beginning of the second quarter of 1927, April 1st, and it will be seen from Table 27 that in the following three quarters of 1927 and the first quarter of 1928 only nine deaths occurred. The Case mortality, or proportion of deaths to cases is shown in a separate Graph No. V.

Such a small number of deaths in proportion to the cases is really very remarkable and gratifying and is very much lower than anything that we have previously experienced.

It is possible that not the whole of the reduction is due to the new method of treatment, as it will be seen by reference to the graph that a marked drop in the number of deaths occurred during 1926, i.e., *before* the new method was begun. There was a great contrast between the first and second six months of the year 1926, thus :—

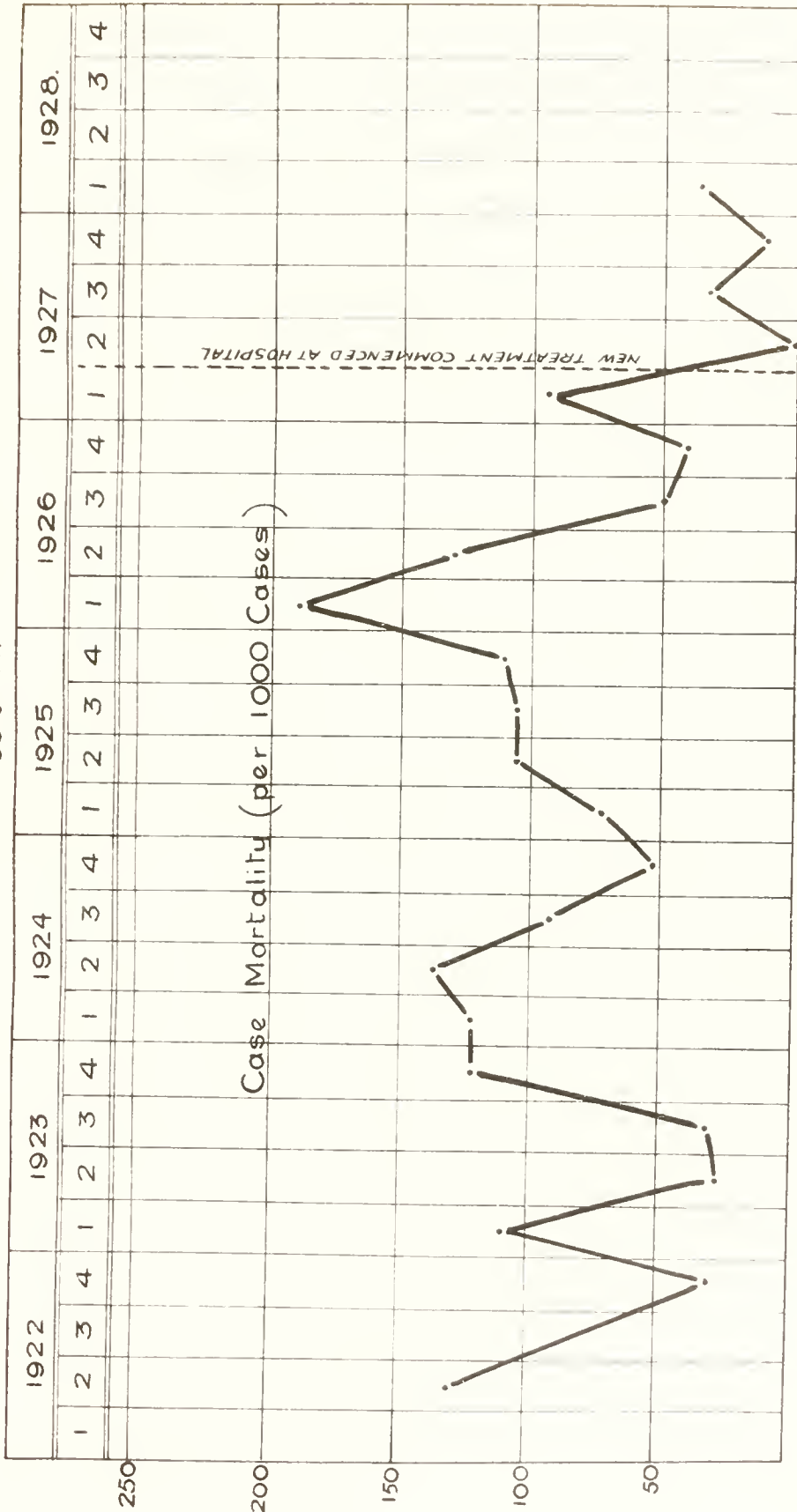
	Cases.	Deaths.	Case-Mortality.
First six months . .	186	31	16.6
Second six months . .	180	6	3.3

Clearly this reduction had nothing to do with the new treatment.

Towards the end of an epidemic a change in virulence is not unusual, and the Graph shows that even during the epidemic, marked fluctuations in the case mortality occurred.

DIPHTHERIA IN LEICESTER
FROM FIGURES TAKEN FROM REGISTRAR GENERAL'S QUARTERLY REPORTS.

See Table 27



Nevertheless, the great reduction in the case mortality which has now been maintained for over a year, does certainly point to the efficacy of the new method, fuller details of which will be found in Dr. Banks' excellent Report.

Whether the success attained is due to the very large doses of anti-toxin or to the method of giving it ^{INTRAVENOUSLY} ~~subcutaneously~~, or to both factors combined, is not yet clear, but in any case Dr. Banks and the Assistant Medical Officers are certainly to be congratulated on the good results obtained.

Diagnosis of Diphtheria.

A question of considerable practical importance in connection with diphtheria is that of diagnosis. A certain proportion of patients sent to isolation hospitals—and this applies to the country as a whole—are found on arrival at hospital to present no clinical evidence of diphtheria and are not regarded by the hospital medical staff as being really cases of that disease.

At Birmingham Isolation Hospital (in 1925) the percentage of error was 14.5 per cent.

At the M.A.B. hospitals in the London area, also in 1925, out of a total of 9,247 admissions the original diagnosis was held to be wrong in 2,366 cases, or 26.0 per cent.

In Leicester our percentage is not so high as this, but nevertheless we do receive a certain number of these cases. The trouble arises from the medical attendant attaching too much importance to the report received from a bacteriologist as the result of a swab taken from the throat or nose. It is a facile but very unsafe procedure to assume, if the bacteriologist's report is "positive," that the case is necessarily diphtheria, and *vice versa*. The bacteriologist may often render valuable assistance to the clinician in case of real doubt, but it should never be forgotten that all that the bacteriologist's report amounts to is that bacilli morphologically resembling the Diphtheria Bacillus have, or have not, been found in the swab. Such bacilli, if present, may be non-virulent and quite harmless, and many persons in perfect health may harbour them.

Drs. Harries, Macfarlane, and Gillespy, writing in *The Lancet* in September 24th, 1927, say:—

"Every year many hundreds of people—adults and children—who are so unfortunate as to harbour harmless diphtheroids, are hurried into infectious diseases hospitals upon

the strength of a morphological diagnosis of a culture from the swab, to the needless anxiety of relations and at considerable cost to the community."

The Ministry of Health have given their view of the position as follows:—

"The notification of cases of diphtheria under the Infectious Diseases (Notification) Acts should be limited to persons actually suffering from the disease, i.e., those exhibiting clinical signs of the disease, with or without bacteriological evidence of the presence of diphtheria bacilli. In the practice of many medical practitioners, including often the medical officers of hospitals and residential schools, notification is frequently extended to include diphtheria carriers who themselves present no signs of illness. It is doubtful if this practice is justifiable."

Conversely, a case presenting definite clinical evidence of diphtheria, even though slight, should be treated as diphtheria although the bacteriologist's report is negative. The absence of bacilli from one particular swab is no proof, of course, that no bacilli are present in the patient's throat.

Prevention of Diphtheria.

In previous reports reference has been made to the use of the Schick Test for diphtheria and the preventive inoculation, by the injection of "Toxoid-Antitoxin," of those who are found susceptible.

The Medical Department of the Ministry of Health has expressed its belief in the utility of this measure and attempts have been made in a few places, notably in Edinburgh and in the Metropolitan Boroughs of Holborn and Deptford, to induce parents to have their children inoculated in early childhood as a prophylactic.

Your M.O.H. took occasion in November to visit Holborn and Deptford, and the respective M.O.H.'s (Drs. Hutt and C. S. Thomson) were good enough to explain in detail their methods of procedure. In neither district, however, had the measure been accepted by a sufficient proportion of the population to enable any satisfactory inference to be drawn as to its efficacy, whilst at Deptford it had only been in operation for about 12 months. This, of course, is altogether too short a period to base any conclusion upon.

It seems very doubtful whether in this country it will ever be possible to popularise any form of inoculation. So many parents

have a profound objection to inoculation, although they are ready enough to swallow by the mouth almost any medicine doctors think well to give them. Indeed, their blind faith in anything "out of a bottle" given by the stomach is notorious, and is in striking contrast to their suspicion of anything given through a needle under the skin.

Risks attending Inoculation.

This suspicion of inoculation is perhaps not altogether surprising, nor yet altogether unfounded, in view of the past history of inoculation. Whilst very much that is alleged as regards the dangers of inoculation is greatly exaggerated, it cannot be denied that it is not entirely free from danger. Several accidents, and some of them very disastrous, have been recorded, and though they have been few and far between, their existence cannot be denied even though they can perhaps be explained and to some extent be guarded against in future. The most recent of these untoward accidents to be recorded is the death of twelve children at Bundaberg, in Melbourne, Australia, after inoculation against diphtheria. It is evident, therefore, that it cannot be claimed that inoculation is perfectly safe and free from danger, and this being so it is not surprising that so many parents of healthy children are unwilling to subject them to a line of preventive treatment, the utility of which still remains to be proved, but which is accompanied by a risk the extent of which cannot be gauged.

Time required for Immunity to Develop.

It is unfortunate also that inoculation is not of much, if indeed it is of any value, when performed in the actual presence of infection, and in this respect it compares unfavourably with vaccination against smallpox.

Apparently it takes from three to six months for immunity to develop after inoculation, and it is quite possible that the immediate effect of inoculation may be of an actually negative character. Consequently it is not a measure which is to be recommended for the other members of a family after a case of diphtheria has already occurred in a household. Again, it is very uncertain for how long the immunity will last after it has developed.

Moreover, apart from inoculation, the risk of a child contracting fatal diphtheria varies very much according to the prevalence and virulence of the disease, and this varies greatly from time to time as we have experienced in Leicester. Therefore, even

though the disease be prevalent, say, to-day, it is impossible to say what the risk will be in six or twelve months' time.

Under all the circumstances, and in the present state of our knowledge, I have come to the conclusion that inoculation against diphtheria must still be regarded as of doubtful value so far as the general population is concerned. In any case it is unlikely that it would become popular in Leicester. For protecting members of hospital staffs, especially those on duty in diphtheria wards, however, inoculation would appear to have a very definite value. It has now been employed in the Leicester Isolation Hospital for some three years for those members of the staff found to be Schick positive, and with very satisfactory results.

ENTERIC (TYPHOID) FEVER.

Cases, 3. Deaths, 1.

This disease, at one time so formidable, has now become almost the rarest of the Zymotic group. Only four cases were notified during 1927, and one of these was found not to be enteric fever. Of the three genuine cases, two had been away from Leicester and probably, judging by date of onset, contracted the infection whilst away. One case, a woman of 28, who had been at the seaside for the first week in August and was taken ill on the 16th of the month, had eaten oysters whilst there. This was the only clue obtainable as to the source of infection. The case was a very severe one and unfortunately proved fatal.

DIARRHŒA OR ENTERITIS.

This disease, in some ways allied to enteric fever in its etiology, has also ceased to be the very formidable complaint it used to be when the annual summer epidemic, usually occurring in August and September, carried off some hundreds of Leicester's little ones.

Last year there were only 45 deaths attributed to it at all ages, the same figure as in the year before. The average for the previous ten years was 73. It is not possible to distinguish the deaths due to true "epidemic" diarrhœa, and most of the deaths now certified are no doubt not of the epidemic or zymotic type.

At one time Leicester held an unenviable reputation for its annual "massacre of the infants," and 30 years ago over 300 deaths per annum was not an uncommon figure, most of these occurring in the space of a few weeks during the late summer and early autumn.

Leicester at that time was regarded as a "diarrhoea" town. Early in the present century a change for the better set in, and whilst epidemics continued to occur, especially after hot and dry summers, they decreased in severity until they have virtually disappeared, the last serious increase in prevalence, worthy of being called an epidemic, occurring in 1911 which was noteworthy as having a particularly hot and dry summer.

There has been much speculation as to the true cause of the diminution in this disease, which, of course, is not peculiar to Leicester. Probably the most plausible theory is that it is due to the change-over from horse to mechanical traction, horse manure being known to be a favourite breeding place for the house-fly, **musca domestica**. The house-fly has long been suspected as the vehicle or carrier of the specific organism causing diarrhoea. This theory is undoubtedly attractive, but it is almost too simple to be true. Before we can accept it as definitely proved, or as being more than a theory, we need more direct evidence than has yet been adduced. There are plenty of places where the horse still survives, and it ought to be possible to show, if the theory be true, that in those places infant diarrhoea also survives. There is also the difficulty that it has not yet been definitely determined which particular organism should be regarded as the actual cause of infant diarrhoea. *B. dysenterica*, *B. proteus*, and Morgan's bacillus have all been found associated with different outbreaks, and it may be that more than one organism is capable of causing an outbreak. Even in enteric fever we know that there are different varieties of the typhoid bacillus, and we are coming to believe that somewhat the same thing may be true in smallpox.

But after all, it is not really necessary to be able to assign a definite and precise cause for every change which takes place in the mortality caused by any disease. We know that such changes do occur, the mortality of some diseases decreasing whilst that of others increases. Nature seldom stands still, and changes, in one direction or another, are continually taking place, even though they may be so slow that it is difficult to observe them at the time.

MEASLES AND WHOOPING COUGH.

Both measles and whooping cough were prevalent in the first four months of the year, measles being responsible for 26 deaths and whooping cough for 36.

In the past seven years measles has caused an average of 22 deaths per annum. In the previous seven years the average was

78, and in the seven years before that also 78. This certainly indicates a marked improvement which it is to be hoped may prove permanent.

On the other hand whooping cough, which often runs parallel to measles, and is chiefly fatal during the same age-period of life, unfortunately shows no corresponding improvement. In the past seven years the deaths have averaged 33, compared with 33 and 36 in the two preceding seven-year periods.

PNEUMONIA.

This common cause of death was responsible for 196 deaths as compared with 168 in 1926, and an average of 221 in the ten previous years. 84 deaths were in persons over 45, and 70 in young children under 2 years. The form of pneumonia which occurs in young children is very different clinically and pathologically from that which occurs in adults. How far the two forms are related epidemiologically is unknown. If this cause of death could be prevented—and it is reasonable to hope that with increased knowledge we may find out how to prevent it—it would add materially to the span of human life.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

The new regulations, known officially as the “Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926,” came into operation on October 1st of that year.

The Regulations provide for the notification, under the name “puerperal pyrexia,” of all cases where the temperature of a woman goes up from whatever cause during the puerperium.

“Puerperal pyrexia” is defined in the Regulations as “Any febrile condition (other than a condition which is required to be notified as puerperal fever under the Infectious Diseases Notification Acts) occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100.4 F. or more has been sustained during a period of 24 hours, or has recurred during that period.”

A special form of notification is prescribed, and this form invites the medical practitioner who notifies to state whether he desires :—

- (i.) To have a second opinion in the case ;
- (ii.) To have a bacteriological examination of (a) lochia,
(b) blood ;
- (iii.) That the patient be admitted to hospital ;
- (iv.) That a trained nurse be provided.

No specific obligation is laid on Local Authorities to provide any or all of the services mentioned, but it is evident that they are encouraged by the Ministry of Health, who are responsible for the Regulations, to do so.

The arrangements which have been made in Leicester, and which the Ministry of Health have sanctioned, are as follows :—

- (i.) A panel of consultants has been approved which includes the honorary medical and surgical staff and the Pathologist of the Royal Infirmary, and the medical officers attached to the Municipal Maternity Home and the Maternity Hospital, Causeway Lane. The fee for a consultant has been fixed by the Ministry of Health.
- (ii.) Bacteriological examinations can be carried out for an approved fee in the Pathological Department at the Royal Infirmary.
- (iii.) Cases requiring institutional treatment may be admitted to the Groby Road Hospital, or, if they can obtain admission, to the Royal Infirmary. In practice, however, a majority of the cases seek and obtain admission to the Royal Infirmary.
- (iv.) No special arrangements have yet been made, but most cases that have occurred have obtained a nurse from the District Nursing Association.

During the year the number of notifications received has been :—

Puerperal Fever	..	..	9
Puerperal Pyrexia	..	..	34

A second opinion was asked for in one instance.

Bacteriological examination was asked for in two instances.

Eight patients were admitted to the Royal Infirmary, four to North Evington Infirmary, one to the Faire Hospital, and one to Groby Road Isolation Hospital.

Of the 44 notifications, in two the pyrexia was due to conditions independent of the puerperal state ; in two others it was due to conditions other than sepsis, and in two it was due to septic abortion. There were three fatal cases :—

- (1) The delivery was normal and the sepsis unaccounted for.
- (2) Twins were born to a patient in a serious condition due to hæmorrhage and sepsis developed.
- (3) The woman was in a serious condition before labour, which came on prematurely, owing to a septic mouth and cellulitis of the arm.

OPHTHALMIA IN NEW-BORN INFANTS.

During the year 38 cases were notified. These were visited and kept under observation by the Health Visitors as usual. 33 cases recovered, two died, two have left the City, and one case was still under observation at end of year. This last-mentioned case is the only one in which there was reason to fear that the sight would be affected.

CEREBRO-SPINAL FEVER.

Cases, 4. Deaths, 1.

Excluding two cases which were believed not to be true cases of the disease, only four cases of cerebro-spinal fever, one in a woman of 27, the rest in children, were notified. One of the latter, aged 4, died.

ENCEPHALITIS LETHARGICA.

Cases, 13. Deaths, 7.

Nine cases were notified with three deaths, and there were four other fatal cases not notified. The total number of deaths certified as due to this disease was, therefore, seven. All the cases except two, and all the fatal cases, were over 25 years of age.

Both cerebro-spinal fever and encephalitis are obscure diseases of the central nervous system, and in their epidemiology they somewhat resemble poliomyelitis. All three are very serious diseases, and if not fatal are liable to leave serious permanent after-effects. They are all believed to be germ diseases and therefore in theory they are to be regarded as infectious, but their method of spread is not understood, and they rarely if ever spread direct from the sick to the healthy. So far as experience in Leicester goes, it is rarely, if ever, possible to find any clue to the source of infection, or to connect one case with any other case.

POLIOMYELITIS (INFANTILE PARALYSIS).

In the last Annual Report, viz., that for the year 1926, particulars were given of the serious epidemic of poliomyelitis which had occurred in August, September and October of that year resulting in a total of 81 cases with seven deaths. It was pointed out that it was not the number of fatal cases which made this disease so serious as the large proportion of cases which were left permanently crippled by it.

The outbreak was quite an exceptional one, and there is no record of a similar one since the disease was made notifiable. Simultaneously with the outbreak in the City there was an outbreak in

the County and, in proportion to population, of about the same dimensions.

It is satisfactory to report that during 1927 there was no recurrence of the outbreak. Only eight cases were reported during the 12 months, and of these there was considerable doubt as to the diagnosis in at least four cases. Two cases, including one of the doubtful cases, died within a few days.

All the cases occurring during the epidemic of poliomyelitis which have been left with any degree of crippling have been visited by our Health Visitors from time to time. A large proportion of the cases have received out-patient treatment in the Orthopædic Department of the Royal Infirmary. Some have been treated by their own doctors, and a few cases which had been admitted as in-patients to the Isolation Hospital, Groby Road, continued for a time to receive out-patient treatment there. Unfortunately, whilst a certain proportion of cases appear to recover entirely, or almost entirely, a considerable proportion, although they improve under treatment up to a point, ultimately seem to come to a standstill. In almost all cases improvement is a very slow business and calls for great perseverance, both on the part of those giving the treatment and of the parents.

The last visitation of cases was in March of the present year, 1928. The reports upon the condition of the patients may be summarised as follows.

Of the 81 cases which occurred in the epidemic of 1926, 11 had died either at the time of the epidemic, or subsequently. Seven cases had changed their address and been lost sight of, or had left Leicester. Of the remaining 63 cases, 23 were reported to be practically recovered, i.e., they were apparently quite well or the weakness in the affected part was negligible. 40 cases were still affected in varying degrees, some slightly, but many of them very seriously, i.e., they were left with a paralysed and stunted limb. Many were still wearing some form of splint, and one or two were obliged to be in spinal carriages. Of the 40 cases, 23 were reported to be still improving though only very slowly. 17 cases were said to be apparently at a standstill. 7 of the latter were seriously affected.

Eighteen of the cases were reported to be still attending the Orthopædic Department of the Royal Infirmary, in most cases two or three times a week, for massage, &c.

One of the worst cases of all, D. O'C — , a case notified in Leicester though not really a Leicester case and not infected in Leicester, has now been admitted to a Home for Incurables away

from Leicester. I understand that this poor lad is still in a most helpless condition.

CANCER.

In my last report I had to record that the deaths from cancer numbered 395, or 77 (24 per cent.) more than had ever been recorded before. It is a real satisfaction therefore to be able to report that there was some reduction in 1927, the deaths numbering 324, or 71 less than in 1926, but, at the same time, they were still greater than in any year except 1926.

It would be quite premature to suggest that this reduction indicates a permanent cessation of the increase in cancer mortality which has been taking place for the past forty years or more.

A glance at the accompanying graph will show that the increase has been a fluctuating one, an increase being often followed by reduction, but the latter tending to be less than the former, with the result that the mortality has been steadily climbing up.

We know, unfortunately, that cancer has been seriously on the increase throughout the country generally, and indeed throughout the civilised world, and there is no indication as yet that the maximum has been reached.

So far as Leicester is concerned, however, we must be thankful for the measure of relief vouchsafed to us and must hope that the present year, 1928, will show a further decline.

Analysing the figures as between males and females we find :—

		Deaths.		Total.	Rate per 100,000.
		Males.	Females.		
1926	..	168	227	395	163
1927	..	146	178	324	132
		—	—	—	—
Decrease		—22	—49	—71	—31
		—	—	—	—

Age has a most important bearing upon cancer mortality. Again comparing the figures with the previous year :—

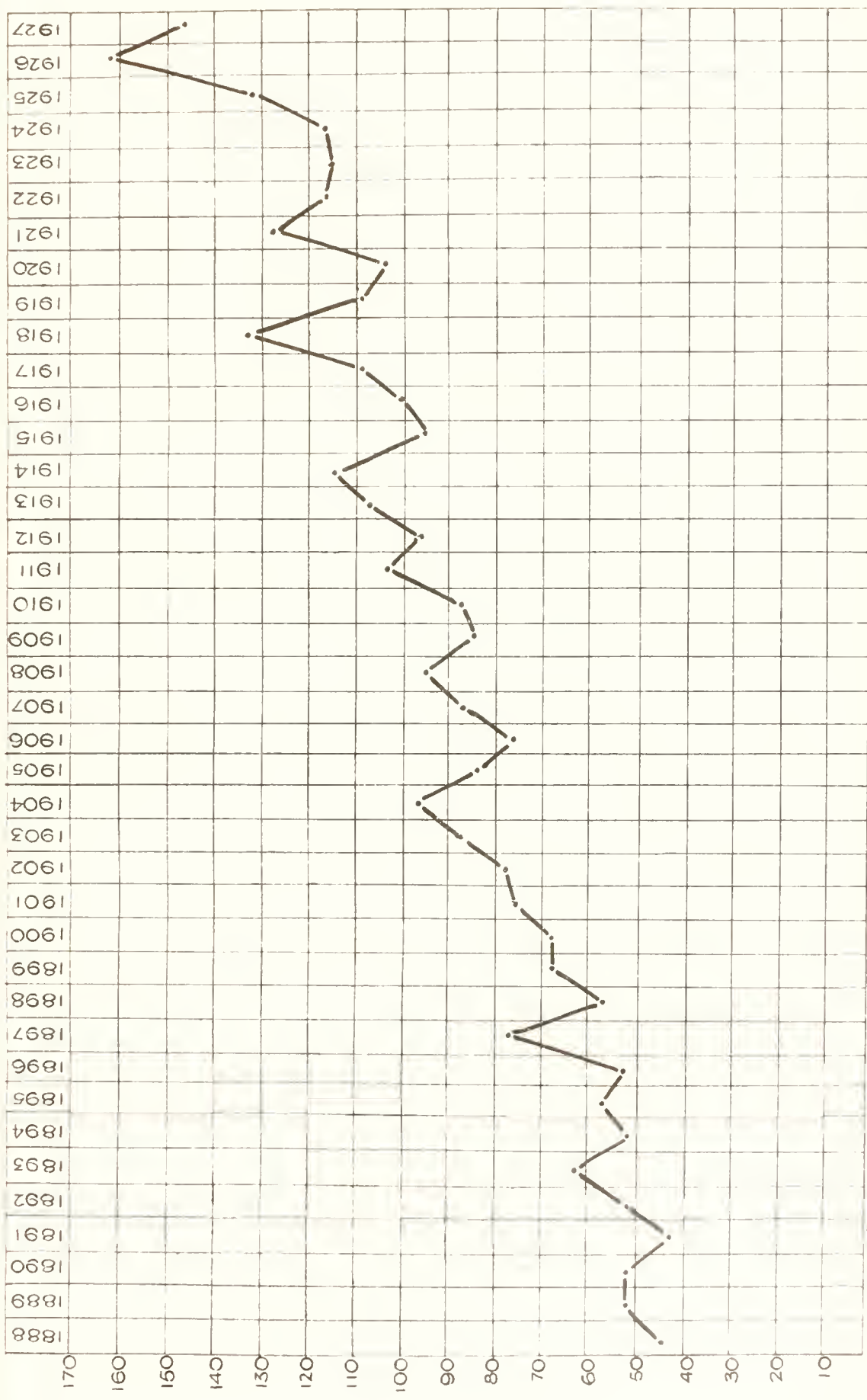
		Under 40 years.	40-60 years.	Over 60 years.
1926	..	27 deaths.	130 deaths.	238 deaths.
1927	..	11 „	110 „	203 „

As regards the particular part of the body affected we find :—

		Alimentary Tract and Organs of Digestion.	Female Organs.	Other Parts.
1926	..	217	92	86
1927	..	186	74	64

The cancer deaths amounted to 10.6 per cent. of the total deaths at all ages, or one in ten.

PER 100,000 POPULATION



This chart shows graphically the serious increase in Cancer which has been taking place during the past 40 years.

THE LEICESTER CANCER COMMITTEE.

The Leicester Cancer Committee was formed in 1925 and consists of leading medical men with lay representatives from the Royal Infirmary and City Health Committee, a total of 17.

CANCER CONTROL CLINIC.

During the year under review the chief work of the Cancer Committee was the decision arrived at, after careful consideration, to recommend the Health Committee to establish a Cancer Clinic for Leicester, the name ultimately decided upon being the Leicester Cancer Control Clinic.

The following is a report on the first six months' working of the Clinic.

THE LEICESTER CANCER CONTROL CLINIC.

Report by Medical Officer of Health.

The Leicester Cancer Control Clinic is carried on by the Health Committee of the Leicester Corporation acting on the advice and recommendation of the Leicester Cancer Committee, and with the approval of Sir George Newman, Principal Medical Officer, Ministry of Health.

It was started in July, 1927, and has now (January, 1928), been in operation for six months.

History of the Scheme.

It was originally suggested that the Clinic should be carried on at the Royal Infirmary, but when the scheme was submitted to the Board of that Institution and to its Honorary Staff Committee it was thought better that the Clinic should be held on separate premises. At the same time the Infirmary expressed its approval and promised to co-operate.

This opportunity may be taken to express the appreciation of the Health Department for the ready help and close co-operation which the Royal Infirmary has extended to the scheme ever since it was started.

Before the scheme was launched it was submitted to a well attended meeting of the Leicester Branch of the Medical Practitioners' Union at which cordial approval was expressed and a resolution in favour of the scheme was passed unanimously. All medical practitioners in the City were notified of the establishment of the Clinic and invited to send any cases in which a second opinion was desired. As a matter of fact a number of the patients who

have come to the Clinic have been recommended by their medical attendant to do so.

It was decided to confine the Clinic at the outset to affections of the breast and uterus. The reason for this restriction was that in cancer of these two organs it is usually possible to diagnose the disease in a comparatively early stage during which, if its nature be recognised, there is an excellent prospect of permanently getting rid of the disease : whereas if delay takes place, as is unfortunately so often the case, any chance of cure is greatly reduced or may vanish altogether.

Details of the Working of Clinic.

The Clinic is held on one evening a week (Tuesday, 6.30 p.m.), at the Health Offices, Grey Friars, where convenient consulting and waiting rooms are available.

The Clinic is attended by the Honorary Surgical Staff attached to the Royal Infirmary who take it in turns to attend. A trained nurse (one of the Corporation Health Visitors, Miss Matthews), is attached to the Clinic and makes the necessary preparations, &c.

Any patient who is either found to be suffering from cancer or who is regarded as in any way suspicious of that disease is advised as to what course she should take. No actual treatment is given at the Clinic, which is for purposes of diagnosis and advice only.

The patient may be (1) referred to her own doctor, (2) advised to return after a fixed interval of time, or (3) recommended for admission to the Royal Infirmary. If the patient desires the last mentioned course, the patient's name and address are forwarded at once to the House Governor by the Medical Officer of Health on a special form giving the necessary particulars. In every case so far patients thus recommended have been promptly admitted without delay.

At the Infirmary, the case is more fully investigated than is usually possible at the Clinic, and appropriate treatment is then carried out.

Where cases have been referred to the Clinic by medical practitioners, the latter are written to by the surgeon attending the Clinic when this is indicated.

How the existence of the Clinic has been made known.

As already stated all medical practitioners in the City were notified of the clinic at the outset. Advertisements have been

inserted in the local evening papers, and the amount so expended has been about £40. Cards measuring about 12 in. by 9 in. are exhibited on the walls at the various Infant Welfare Centres in the City.

Statistics of the Clinic.

The first session of the Clinic was held on July 19th, 1927, and since then (up to 31st December) there have been 22 sessions. The number of patients attending at any one session has varied from twelve on the occasion of the first session, to none. The total number of attendances amounts to 61, on an average of about two or three per session. At three sessions, however, there were no patients.

These 61 attending represent 60 cases, and of these 36 were found not to be cancer or to call for further advice. Five were referred to their own doctor. One case elected to go to a private hospital. Five were asked to report again. All these cases were probably non-malignant. Twelve cases were recommended for admission to the Royal Infirmary, and 11 of these were promptly admitted, one was dealt with as an out-patient. Of the 23 cases calling for action to be taken, 16 were breast cases and 7 uterine.

The reports from the Royal Infirmary upon these cases are to the effect that three cases were found to be cancer of the breast and were treated accordingly. (Breast removed.) The others were non-malignant.

Cancer Clinics in other Towns.

The only other Cancer Clinic in this country, so far as the writer knows, is one at Greenwich. One was contemplated at Bradford also, but eventually the scheme developed on rather different lines. The feature of the Bradford scheme is its appointment of a full-time Cancer Officer.

As regards that at Greenwich, the Medical Officer of Health states that the number of patients attending has been very small. He writes :—

“ Our Tumour Diagnostic Clinic is held one evening a week in the consulting rooms of our Tuberculosis Dispensary at a time when it is not used for tuberculosis purposes. We have made arrangements with Mr. Davies-Colley, F.R.C.S., Consultant Surgeon, Guy's Hospital, to attend. Up to the present (November 2nd, 1927), we have only had 7 patients attending, none of whom were found to be cancer. One of

our tuberculosis nurses attends the Clinic regularly. It, like your Clinic, is intended expressly for early diagnosis, not treatment. When any case has been diagnosed it is our intention to get into touch with the patient's medical man, or in any other possible way to see that proper treatment is commenced as early as possible. We have advertised the Clinic in the medical press. We have also had handbills, similar to the enclosed, distributed through the libraries, and all the medical practitioners and nurses have been notified."

It will be seen from the above that it is proposed to carry on the Greenwich Clinic on somewhat similar lines to our own.

With a view to making the Clinic more widely known, printed notices have been sent to all the factories in the City where women are employed, together with a supply of leaflets explaining the objects of the Clinic and briefly describing the early symptoms of cancer. How far the factory occupiers have thought fit to display these notices cannot be stated, but a number of women have attended the Clinic as a result of seeing the notices.

TUBERCULOSIS.

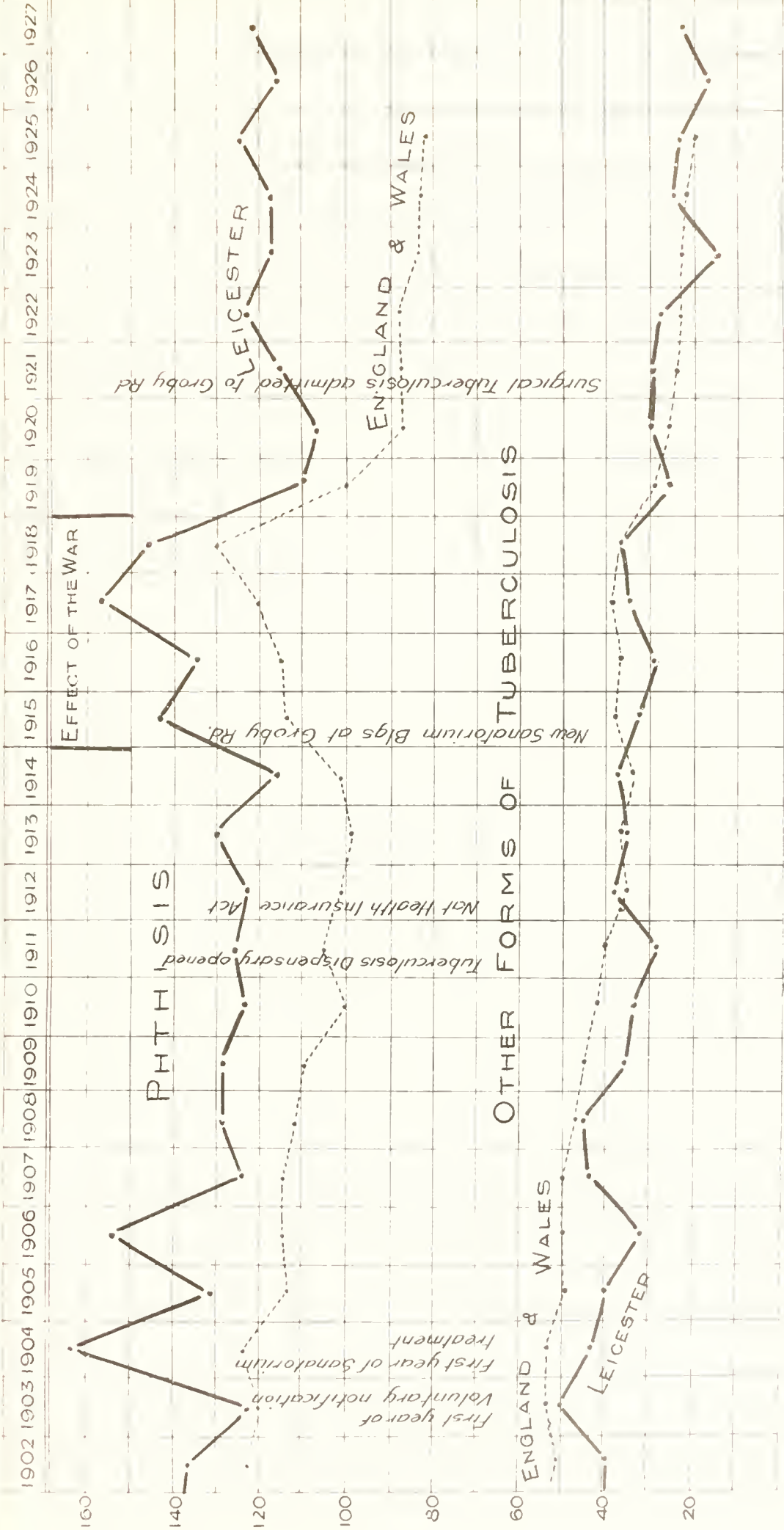
The number of fresh cases notified and of deaths registered during 1927 was as follows :—

	Cases.	Deaths.
Pulmonary tuberculosis (phthisis) ..	700	283
Other forms	80	63
	<hr/> 780	<hr/> 346

The subject of tuberculosis was dealt with somewhat fully in the last Annual Report and is also reported upon separately by the Tuberculosis Officer (Dr. Wyville S. Thomson) in Appendix I. Statistics are also given in Tables 4, 4A, and 5. I only propose, therefore, to refer to it very briefly here as I have little to add to what was written last year.

The notifications show an increase of 53; the deaths from pulmonary tuberculosis were about the same as in the previous year; and deaths from other forms showed an increase of 25. As Dr. Thomson says in his report: "In spite of all our efforts to reduce the death rate from tuberculosis our efforts are not encouraging." We may, however, look forward, I think, to seeing in the tuberculosis death-rate some real improvements as the result of the

1902 — 1927



improvement which is taking place in the housing conditions of the people. The large number of subsidy houses which have been erected during the past few years, especially by the Corporation, is, I believe, bound to tell in time, for undoubtedly tuberculosis is, to a large extent, a disease of the home. In this connection, however, it may be pointed out that the large number of new houses now being built outside the City area will not benefit the vital statistics of the City.

The incidence of tuberculosis in the different districts of the City is referred to under the head of Comparative Ward Statistics. (See above.)

VENEREAL DISEASE.

“And in the morn and liquid dew of youth contagious
blastments are most imminent. Be wary, then; best
safety lies in fear.”—*Hamlet* 1-3.

Of all human diseases few if any are more essentially preventable in their nature than are those known as venereal, and “if preventable, why not prevented?” But of all preventable diseases these are at once the most easy and the most difficult to prevent. It all depends upon the point of view. The question of prevention of Venereal Disease is inextricably bound up with the question of the sex instinct, undoubtedly one of the most dominant and the most complex of all the fundamental instincts of mankind, as of all living beings. The question is also one of the most “thorny” of all debatable subjects, and until we can come to some sort of common outlook amongst ourselves as regards sex and the many side-issues involved, it seems unlikely that we shall arrive at agreement as to the best methods to be adopted to combat the ravages of these diseases.

Take for example the question of education in sex hygiene of our young people. To some it seems not only desirable but a positive duty that we should see to it that all young people before they enter the danger zone, i.e., adolescence, should receive instruction in the essential facts of sex, and be warned in clear, explicit terms, of the dangers and the pitfalls that beset them if certain rules of conduct are broken, and that such instruction should be systematic. Others, however, think that sex is so personal, so sacred, and so intimately bound up with religion, that any systematic instruction, e.g., in a class of young people, is not only undesirable, but actually improper.

Then there is the question of imparting information on sex matters by the exhibition of "approved" educational films. Several of this class of film have been prepared, under good auspices, which have received the approval of the Ministry of Health and other responsible bodies. But here again, unfortunately, opinion is seriously divided.

Yet in the meantime our children are growing up. They are entering the period of life when the sex urge becomes more and more imperative. Indeed, in many cases it is no exaggeration to say that it is quite one of the most dominant factors in their existence; and they are living under artificial conditions which make the sex urge even more clamant and imperious than it need be. Further, we know, only too well, that one false step—one yielding to temptation—may involve the individual in almost irretreable physical disaster. For, from the medical point of view, the contraction of one or other of the venereal diseases can only be regarded as a disaster of the first magnitude.

The facts indicated in this Report as to the incidence of these diseases shows that the danger referred to is a very real one. And the question has still to be answered: "What are we going to do about it?"

Arrangements for Treating Venereal Disease in Leicester.

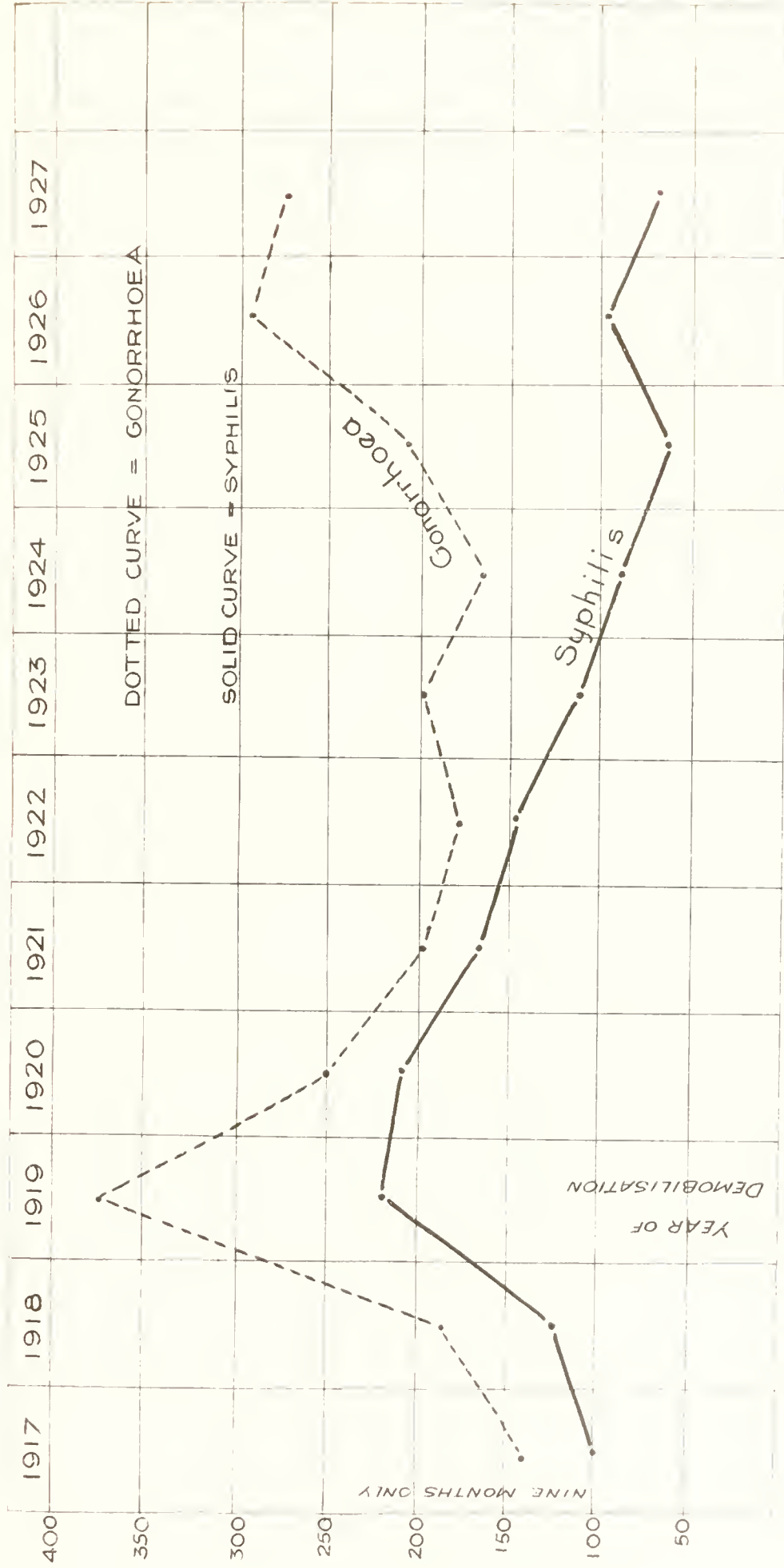
The reports upon the work carried on at the Venereal Disease Clinics at the Royal Infirmary and at St. Mary's Home by the Medical Officers in charge (Major H. Blakesley and Dr. Bessie Symington) will be found in Appendix V.

The scheme for the systematic and free treatment of these diseases was begun at the end of 1916, an agreement being entered into between the Leicester Corporation, the County Council and the Royal Infirmary. Under this agreement the treatment is provided by the Royal Infirmary, but the whole cost is borne by the City and County in proportion to user, and 75 per cent. is subsequently refunded from the National Exchequer.

The Clinics for Males are held four times a week and those for Females three times. In addition a special Out-patient Clinic for females is held once a week at St. Mary's Home. This is confined to unmarried girls.

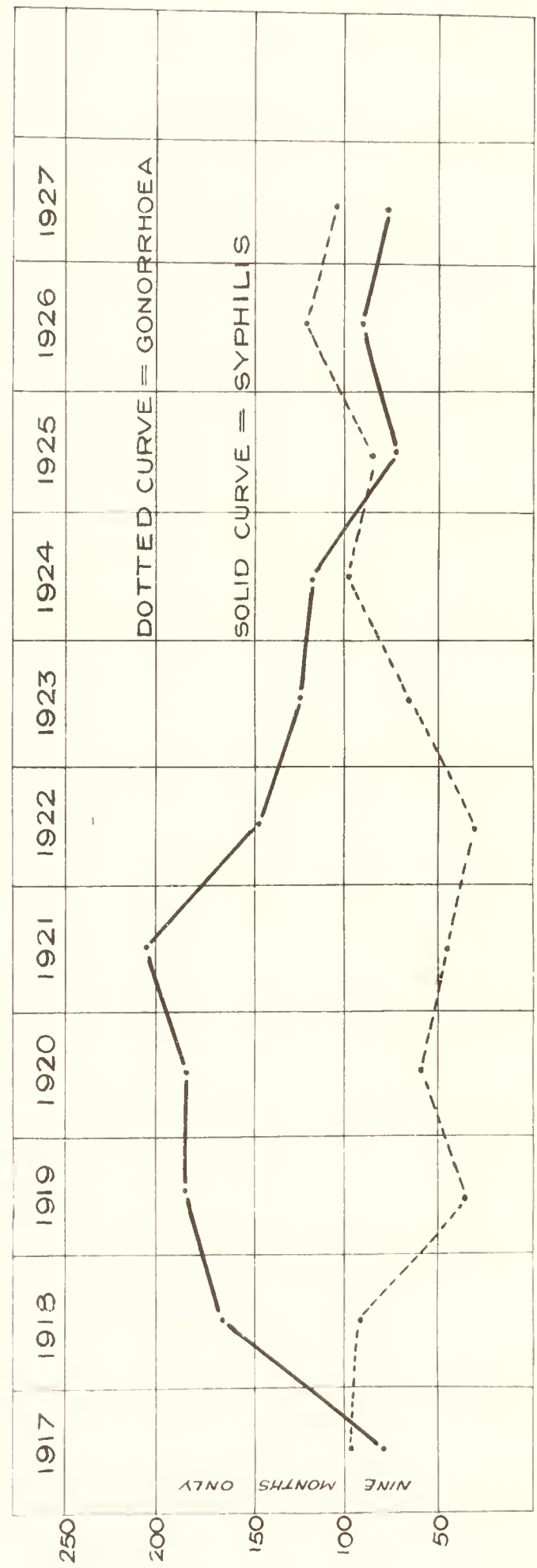
As regards In-patients, there is at present accommodation in the special V.D. Wards at the Royal Infirmary for seven adult Male patients, and in the Female wards for six adults and two children.

Royal Infirmary Clinic
1917 - 1927



The increase in Venereal Disease in Males which accompanied Demobilisation after the War was very marked. This was followed by a steady decline for several years. The number of new cases is only the number coming forward for treatment, and not the number actually occurring, of which we have no official record.

VENEREAL DISEASES.
NEW CASES IN FEMALES (CITY ONLY)
Royal Infirmary Clinic
1917 - 1927



The curves for Venereal Diseases in Females are very different from those in Males. The number shown as new cases is only the number coming forward for treatment and not the number actually occurring, of which we have no official record. The increase in 1926 can largely be accounted by a difference in classification.

At St. Mary's Home there is accommodation for nine Female cases in the venereal wards, but these serve for patients from a distance as well as from the City.

The V.D. Wards at the Royal Infirmary are shortly to be demolished as part of a scheme for the erection of a new wing, and the new V.D. Wards, which will be a great improvement on the old, are now in course of construction.

At the Male Clinics there is always a large excess of gonorrhœa cases over cases of syphilis, whereas at the Female Clinics the relative numbers of the two diseases are about equal. This difference is accounted for by the different behaviour of the two diseases in the two sexes. Gonorrhœa in males causes acute symptoms at the outset with pain and discomfort which induces those affected to seek treatment. Gonorrhœa in women on the other hand frequently causes only slight symptoms at the outset, and consequently many women affected with gonorrhœa never come forward for treatment. Nevertheless, the after-effects and sequelæ of the disease in women are quite as severe as and often more so than in men. Unfortunately, the treatment of gonorrhœa in females is not very satisfactory.

The Tragedy of Venereal Disease.

The whole subject of venereal disease is an inexpressibly sad and tragic one. It is the cause of an incalculable amount of injury to health, both individual and racial, injury which is very far-reaching in its effects. In the case of the individual its worst effects are frequently not manifested till years after the disease has been contracted, and it may then attack the skin, the bones, the joints, the circulation, and worst of all the nervous system—indeed no part or tissue of the body is immune. Syphilis, indeed, is the most protean of all diseases, and gonorrhœa is only a little less serious. In addition to injury to physical health, venereal disease has serious psychological effects and is a most prolific cause of domestic misery and unhappiness.

As the subject of venereal disease is necessarily hidden from the general public, a few observations may be given supplementing those in the V.D. Medical Officers' Reports, Appendix V., which are necessarily rather formal and statistical in character.

These observations were made on the occasion of visits the writer has made to the V.D. Clinics.

On one occasion, out of 31 male patients attending, 12 were found to be married men and 19 single. Their ages were :—under 20 years, 2 cases ; 20–29 years, 17 ; 30–39 years, 7 ; over 40 years, 5. The youngest case was a lad of 17. The oldest a man of 64. The latter, however, was an old-standing case of many years duration. The age-period during which V.D. is most frequently contracted by males is 20–29 years, but very many cases are only just over 20, and quite a considerable number are still in their teens.

Major Blakesley has furnished me with the following particulars as to age and condition as to marriage of the new cases seen during 1927 :—

Age Period.			Gonorrhœa.	Syphilis.
Under 20 years	..	..	23	8
20—29 years	..	..	209	22
30—39	..	..	54	8
40—49	..	..	22	13
50 upwards	..	..	5	20
Total			313	71

In 40 cases of gonorrhœa and 22 cases of syphilis the age was not classified.

Condition as to Marriage.

			Gonorrhœa.	Syphilis.
Single	..	..	220	38
Married	..	..	134	57
			354	95

The fact that 191 cases out of 449, or 42 per cent., were in married men is specially deplorable, as it almost always happens that the wife becomes infected also.

Major Blakesley was not able to give me information as to the occupations of the patients, as no record of this is kept, but the writer ascertained by direct inquiry on the occasion of one of the visits referred to that out of 22 cases, 5 were in the building trade (mostly labourers), 4 were shoe hands, 2 were commercial travellers, 3 were motor mechanics, 2 were general labourers, and 6 were of various trades.

A few brief particulars respecting individual patients were noted :—

1. 33 years, married, alcoholic, contracted syphilis in Army some years ago.

2. 56 years, married, contracted gonorrhœa a few weeks ago.

3. 29 years, married, old-standing gonorrhœa and syphilis. Has been attending Clinic for nearly four years.

4. 26 years, single, a stoker, has been attending Clinic since 1919, with an interval of two years. Has had at least five courses of injections for syphilis.

5. 31 years, married, resides in County. A case of old-standing syphilis of eight or nine years' duration. Has been attending Clinic since 1923.

6. 24 years, single, motor driver, Gonorrhœa. This is his first attendance. Comes from the County with a letter from his doctor. Has had a severe attack and has been laid up in bed for six weeks with arthritis due to gonorrhœa. Is also suffering from iritis (form of inflammation of eye), and is at present unable to read. It was decided to admit this man as an in-patient.

In the male V.D. Ward five patients were under treatment as in-patients. These included an old man of 64 who came from a village in ———. This was a very difficult case. The man was in a deplorable condition at the time of admission, and was suffering from both syphilis and gonorrhœa. There was very serious ulceration of the skull exposing the lining membrane of the brain. Had improved considerably since admission.

Cases seen in Female Out-Patients' Clinic.

1. Girl of 7 years, suffering from keratitis (inflammation of the eye), the result of congenital syphilis and in danger of losing her sight. Mother of this child has been sent for and has had her blood tested and has given the reaction of syphilis. She has consented to undergo a course of treatment. She will also take a card to her husband advising him to submit himself to examination at the male clinic. (In this way many cases are being discovered and induced to submit to treatment, but the matter is one of the greatest delicacy and difficulty. Credit is due to the medical officers in both male and female clinics for very valuable reciprocal work of this kind.)

2. A young woman of about 20, who has gonorrhœa in an infectious stage, and who also suffers from epileptic fits. This is a specially difficult case as after the girl has had a fit she is apt to

leave home and wander about the country, consorting with men. She has on two occasions, at least, been absent from home for several days, causing her friends much anxiety. The first news they get of her whereabouts may be from the police in some neighbouring town. Last time it was———. The girl got a lorry driver to give her a lift. Such a case obviously is a serious danger to the community. She has now been certified as mentally deficient but is not a marked or obvious case of ordinary mental deficiency.

3. Girl of 12 years, with ulcer of cornea. This is a case of syphilis, probably congenital. The patient has been attending the Clinic for over three years, since 1924. Her mother has also been coming to the Clinic for syphilis since 1924 with an interval of twelve months.

7. Married woman, age 27, well dressed (fur coat), not living with her husband. Is a case of syphilis leading to serious ulceration of the leg. Has greatly improved under treatment and now quite healed but still needs to have further treatment to prevent recurrence. Went to another town (L——) to live, but as there did not appear to be satisfactory facilities for treatment there she returned to Leicester in order to continue treatment at Leicester Clinic.

9. Girl of 16. First came for treatment 8 years ago. Came originally for eye trouble. This patient takes injections badly as they are apt to produce unpleasant symptoms, and treatment has then to be discontinued. This partly explains why period of treatment has been so long-drawn out.

10. Woman of 21. A case of very severe ophthalmia which made her blind for a time. Has been attending since 1925. Mother and young brother have also had prolonged treatment. Her blood is still "positive," which means that further treatment is called for.

12. Child of 7 years. Has been attending Clinic since she was 2½ years old. Suffering from gonorrhœal vulvitis. Germs of gonorrhœa are still present. Mother is also suffering from the disease and presumably infected the child. Father could not be got hold of. Disease in mother became quiescent, but she has come again with a recrudescence.

13. Young woman. Gonorrhœa. Came from neighbouring town. Was advised by the Police to leave that town—(?) character. Has a baby 2 years old.

14. Child of 3 years, with exceptionally severe gonorrhœal vulvitis. Was an in-patient for five weeks. Father and mother

also suffering from the disease. There is one other child not infected. Mother is now apparently cured. Dr. Symington thinks that most of these cases of children suffering from gonorrhœa are infected through towels, &c.

18. Woman of 60 years. Was originally treated for what was thought to be cancer of the lip and had an operation, but the trouble returned. Syphilis then suspected. Blood was tested and found to be "positive." Was referred to V.D. Clinic and condition improved very rapidly under anti-syphilitic treatment. Satisfactory case.

21. Married woman of 26. Has three children. Severe case of gonorrhœa. Possibly salpingitis (serious internal inflammation which sometimes necessitates operation). Husband is also having treatment in Male Clinic.

25. Woman of 31. Looks a superior type. Is suffering from a serious complication of gonorrhœa (pyo-salpinx), which often necessitates a major operation (laparotomy).

26. Woman of 34. Very bad perforation of palate—"speaks through the nose." The bridge of the nose has also sunk, due to deep ulceration of the bones, causing serious disfigurement. Began treatment two years ago.

27. Married woman of 27. Gonorrhœa. Was sent to the Clinic from the V.D. Clinic of neighbouring city, when she moved to Leicester. Is practically well but needs to be kept under supervision. The woman is a waitress.

29. Young woman under 20. Smart and attractive looking. This case was transferred to St. Mary's Home Clinic, which is reserved for unmarried girls under 20. However, she was found to be rather undesirable so has been sent back to the Royal Infirmary Clinic.

31. Married woman under 40. Syphilis. Began treatment last November. Does not take treatment well, and after having three injections is stated to have attempted suicide. Looks a superior type of woman. Her husband is in the Mental Hospital suffering from general paralysis of the insane.

35. Married, 29 years of age. Syphilis and gonorrhœa. Has been attending since 1926. Has been quite clear for six months and may now be regarded as cured. To report again after an interval.

At St. Mary's Home.

At St. Mary's Home only single young women are admitted. The following were the occupations of the last 75 cases admitted which gives some indication of the class of girl dealt with. The average age was 20 years. 18 girls were under 18 years, 37 were between 18 and 21, and 20 were over 21.

Factory work	..	..	..	29
Domestic service	..	..	..	23
Clerks and typists	..	..	..	3
At home	..	..	..	4
Recently in other homes	..	..	..	2
Various occupations	..	..	..	5

In some cases the patients at St. Mary's Home are found to be pregnant in addition to having V.D. If their confinement falls due whilst at the Home they are transferred to the V.D. Ward at the Royal Infirmary where the confinement takes place and they afterwards return to the Home.

On the occasion of a recent visit I found six beds occupied, including cases from other towns.

1. Girl, age 20, respectable parents. Had been in service in Leicester; pregnant. Gonorrhœa.

2. Girl under 20. Rather a low type. Gonorrhœa.

3. Girl, age 16. Already a mother. Comes from —, where baby was born. Used to keep house for her father as mother is an invalid. This is a criminal case to be tried at next assizes at —.

4. Girl, age 18. Has a baby four weeks old. Comes from neighbouring town where she was in service.

5. Young woman, age 24. Baby two months old, second child. Is nearly ready for discharge.

6. Girl, age 18. Probation case from S—. Only been in two days.

I commenced this section on venereal disease with a quotation from Shakespeare. May I close with another quotation from the same source. To those who dislike the subject of venereal disease, and would prefer to ignore the evil as though it did not exist, I would say :—

“Lay not that flattering unction to your soul . . . it will
but skin and film the ulcerous place, whilst rank corruption,
mining all within, infects unseen.”

SCABIES (ITCH).

Although not a germ disease, scabies is due to a parasite (the *acarus scabiei*) and is highly contagious. In Leicester special facilities are provided by the Health Department for the free treatment of the disease. Such facilities are clearly in the interests of the whole community, for although the disease is more likely to spread amongst that class of the community where strict cleanliness is not observed, it is possible for anyone to contract it in the course of every-day life if persons suffering from the disease are moving about.

Treatment consists essentially in the giving of hot baths followed by the application of a suitable ointment, the particular kind of ointment which we use and have found very efficacious being that known as "Marcussen's."

Treatment is carried out in the Basement of the Health Offices, every Tuesday and Friday morning. Patients are sent by medical practitioners, by the School Medical Service, and from the Infant Welfare Clinics. Fortunately there does not now appear to be much of this unpleasant complaint about in Leicester, and the number of cases dealt with during the year was not large (28), though a few more than in the previous year. Of the cases, 20 were in children and the remainder in adults. Most cases clear up satisfactorily, some almost at once, but others take longer before they can be pronounced free. Simultaneously with the treatment the patients' clothing is fumigated with sulphurous acid.

ACCIDENTS.

As a cause of death and serious injury to health, accidents have always been serious, but one particular class, viz., street accidents, has in recent years greatly increased owing, of course, to the increased number of motor vehicles in use. It is satisfactory therefore to learn from the Chief Constable's report that the year 1927 showed an improvement as regards street accidents over the previous year, the figures for Leicester being :—

No. of Persons.	1926.	1927.
Killed	37	24
Injured	648	633
Total	685	657

The following figures showing the number of persons treated at the Royal Infirmary during 1927 have been kindly supplied to me by the House Governor :—

Traffic Accidents.

	Leicester.	Outside Area.	Total.
Motor vehicles ..	625	152	777
Bicycle	280	40	320
Horse-drawn vehicles	36	10	46
Tramcar	26	—	26
	<hr/> 967	<hr/> 202	<hr/> 1169

221 of the above cases were admitted as in-patients.

In addition to the above, 4,223 accident cases in factories and workshops, and 4,647 other accident cases were treated at the Infirmary during the year making a total of 10,039 accident cases of all kinds during the year. These figures indicate the enormous proportions of the work done by the Royal Infirmary.

In addition there would be a considerable but unknown number of accident cases not treated at the Infirmary.

There are certain unfortunate proverbial sayings which only state part of the truth and are distinctly misleading. The saying "Accidents will happen" is an instance of this. It suggests that accidents are inevitable and unavoidable, whereas most accidents are not inevitable and are avoidable if only people would be more careful. In his report for 1926 the Chief Constable, speaking of street accidents, stated:—

"These accidents will continue to take place until pedestrians realise that present-day traffic in this City is three times as fast and heavy as twenty-five years ago, and until they cease to make trouble by stepping suddenly off the footway, darting from behind tramcars, and wandering along the roadway instead of crossing from curb to curb by the nearest way. As the volume of traffic grows, so will the number of accidents increase until a certain section of pedestrians use far more care, thought and intelligence than at present."

The habit of "taking care" is largely a matter of education and propaganda, and in this connection the Leicester Education Committee are to be congratulated on the excellent brochure, "Fair Play: Some suggestions for the teaching of Safety First in Schools," which they have issued to their teachers. The brochure is divided into sections which indicate its scope—Dangers in the Street, Dangers of Burning and Scalding, Dangers of the Country Side, Unseen Dangers, &c., and should be of real assistance.

The London County Council have also introduced the teaching of Safety First into their schools, and it is interesting to learn that out of 312 persons killed in the London streets in the last quarter of 1927, only 55, or 17 per cent., were in children under 15 years. It would seem therefore that to-day, in London, children are more careful than their elders. It is quite probable indeed that the present and future generation of children, born as they have been and will be under modern traffic conditions, will produce a population of grown-ups more careful than the present adult population who were born under different conditions.

Other Fatal Accidents.

The following figures from the Chief Constable's Report are of interest. They indicate deaths occurring in Leicester in which inquests were held, but some of the accidents causing the deaths occurred in the County, the victims being subsequently brought to the Royal Infirmary where death took place.

	1926.	1927.
Death from Burns and Scalds	8	10
Drowning	1	2
Falling from heights ..	10	5
Killed on railway	2	1
Suffocation	8	5
Other causes	17	17
	—	—
	46	40
	—	—

Propaganda.

As regards propaganda, the use of warning notices on trams and in the streets is undoubtedly helpful and more might be done in this direction. Railways usually put up notices at dangerous level crossings, "Beware of the Trains," &c., and notices in our streets at busy points such as "Look before you cross," &c., would all help. The power of suggestion is very great. More "Keep to the Left" notices are also very desirable. Very many people still ignore this simple precaution, so important under the altered conditions of street traffic.

Injuries from Fire.

As regards deaths from burns and scalds, the actual deaths represent probably only a fraction of the accidents from fire and hot water causing serious and life-long crippling and disfigurement

in addition to untold suffering to the unhappy victims, most of whom are children. It is as a rule only the fatal accidents which are reported in the press. To appreciate the magnitude and seriousness of this preventable evil it is necessary to visit the children's ward at the Royal Infirmary.

The danger of being run over in the streets is so obvious that children as soon almost as they can toddle have this danger impressed upon them by their elders. Unfortunately the danger from fire and hot water is not so obvious. Many a child has been seriously scalded, sometimes fatally, by a cup of hot tea, which to an adult seems free from danger. A young child's skin is so tender and easily injured that hot fluids below actual boiling point may cause serious scalding. Fortunately the modern treatment of burns and scalds is much more effective than the old treatment, but nevertheless the injuries caused by fire and hot water still remain amongst the most serious the surgeon has to deal with.

A special warning leaflet dealing with the danger of fire is issued by the Leicester Health Department.

PART III.

Maternity and Child Welfare.

The statutory Maternity and Child Welfare Committee (appointed under the provisions of the Maternity and Child Welfare Act) consists, in Leicester, of the full Health Committee, together with four co-opted women members. In practice the work is carried out by a Sub-Committee consisting of ten members of the Health Committee, together with the co-opted members. When the minutes of this Sub-Committee are submitted to the Health Committee for confirmation, the co-opted members are invited to be present.

Staff.

Dr. Helen P. Dent continues in charge of the M. & C.W. sub-department, and she has under her a staff consisting of one Superintendent and eleven District Health Visitors. An additional Health Visitor only works half-time.

Dr. Dent attends the ante-natal and a number of infant clinics, and others are attended by general practitioners, viz., Drs. Armitage, Austin, Snoad, Taylor and Mitchell, and also by Dr. Lawrie, one of the whole-time medical officers on the staff of the Health Department.

It will be convenient to refer to the work of the Department under the same heads as in previous reports, viz. :—

1. Health Visitors.
2. Schools for Mothers.
3. Infant Clinics.
4. Ante-natal Clinics.
5. Infants' Milk Depot.
6. Maternity Home.
7. Day Nursery.
8. Assistance in Necessitous Maternity Cases.

1.—Health Visitors.

These are thirteen in number, and their names are set out on p. iii. Mrs. Reed continues as Superintendent Health Visitor.

The work accomplished by the Health Visitors, so far as it can be expressed statistically, is set out below, but as has been pointed out in previous reports, it is quality rather than quantity which really tells in work of this kind.

Work done by Health Visitors during 1927.

Visits to Births (first visits)	..	..	3,656
Re-visits to Births	..	..	17,747
Visits to Ophthalmia cases	..	..	178
„ „ Ante-natal cases	..	..	988
„ „ Children, 1-5 years	..	..	1,534
Other visits	..	..	4,537
Attendances of Health Visitors at Schools for Mothers	..	..	807
Attendances of Health Visitors at Ante-natal Clinics	..	..	87

Each Health Visitor is attached to one or more Schools for Mothers, and also has a district which, as far as possible, is in the neighbourhood of her school.

2.—Schools for Mothers.

There are now fifteen of these in Leicester. No new school was opened during the year. Probably the district now most in need of a school is the new Park Estate. A complication which would have to be met is the fact that more than half of the new estate is outside the City boundary. A complete list of the schools is set out below.

The following is a list of the existing schools, with the names of the Presidents and the day of meeting (usual time, 2.45 p.m.).

Name.	President.	Day of Meeting.
Western Road	Mrs. Beale	Monday
Curzon Street	Mrs. Turner	„
Aylestone Road	Miss Windley	Tuesday
Bedford Street	Mrs. Millard	„
Wellington Street	Miss Jones	„
Wesley Hall	Mrs. Taylor	„
Clipstone Street	Mrs. Banks	„

Name.		President.	Day of Meeting.
Cavendish Road	..	Mrs. Johnson	Tuesday
Justice Street	..	(Miss Went (Mrs. Bouskell	) ) Wednesday
Uppingham Road	..	Mrs. Swainston	..
Fosse Road	..	Mrs. Gibbs	..
Coleman Road	..	Mrs. Herbert	..
Belgrave Hall	..	Mrs. Mantle	Thursday
Clarendon Park	..	Miss Partridge	..
*Higheross Street Centre	..	Mrs. Viccars	..

The total number of School meetings during the year was 682, and the total attendances of Mothers was 33,595.

3.—Infant Clinics.

An Infant Clinic is held at each School for Mothers once a week. A medical practitioner attends, and any mother attending the schools may consult the doctor about her baby or herself, free of charge, if needing advice. Infant Clinics are held also at the Infants' Milk Depot (twice a week).

During the year the total number of sessions of the clinics in connection with the Schools for Mothers was 681, and the total attendances of infants was 8,533. In addition, 86 clinic sessions were held at the Milk Depot, the number of attendances being 1,151.

4.—Ante-natal Clinics.

These are special clinics for expectant mothers, and their importance is now fully recognised. Ante-natal clinics are held at the Infants' Milk Depot, the Higheross Street Centre, and the Maternity Home, Westcotes Drive. The latter clinic is chiefly attended by women who have booked for confinement at that institution and is held twice a week.

The number of Ante-natal Clinics and attendances in 1927 was as follows :—

	No. of Sessions.		No. of Attendances.	
			New Cases.	Old Cases.
Milk Depot ..	46	..	137	182
Maternity Home ..	47	..	257	507
Higheross Street ..	86	..	257	399
Total ..	179	..	651	1,088

*This School differs from the others in that the premises are permanently rented by the Corporation and are available every day of the week.

5.—Infants' Milk Depot.

The Infants' Milk Depot in Belgrave Gate was opened in 1906, at a time when comparatively little attention was paid to infant welfare. It continues to accomplish much useful work not only as a depot for the distribution of dried milk, but as an infant welfare centre where clinics are held and much good advice to mothers is given. The dried milk sold is chiefly manufactured by the " Hatmaker " process, though some " spray process " milk is also supplied.

The number of fresh cases of infants brought to the Depot during 1927 was 629, as compared with 700, in the previous year.

Infant Consultations are held at the Depot twice a week, the total number of sessions during the year being 86, and the total attendances 1,151 (as compared with 1,155, 1,358, 1,351 and 1,158 in the four previous years), the average attendance being 13.3. In addition, there was an attendance of 4,836 infants brought to be weighed, apart from the clinics.

Finance (Table 20).

During the financial year ending March 31st, 1928, the total payments amounted to £2,998 17s. 10d., and the total receipts to £2,881 4s. 7d., showing a deficit of £117 13s. 3d. In the previous year there was a deficit of £84 11s. 0d., and in the year before a balance of £31 6s. 11d.

6.—Maternity Home.

The Municipal Maternity Home, situated in Westcotes Drive, was opened in August, 1920, having been converted from a large private mansion, which was acquired for the purpose. It stands in its own beautiful grounds and is away from noisy traffic. It provides accommodation for 26 beds together with one isolation bed.

The number of confinements each year has been as follows :—

1920 (five months only)	..	139
1921	.. ..	339
1922	.. ..	345
1923	.. ..	394
1924	.. ..	444
1925	.. ..	438
1926	.. ..	455
1927	.. ..	445

It will be seen that the number of cases admitted in 1926 was the highest since the Institution was opened. Nevertheless, the Home is still not used to its full capacity. We could deal with 550 cases a year or even more.

A Tabular Statement of the work done at the Home is given in Table 17.

7.—Day Nursery.

The Day Nursery in St. Martin's, to which the work of the two old day nurseries was transferred in February, 1923, continues to do useful work in looking after infants and young children whose mothers are obliged to go to work, and who would otherwise find it difficult to find satisfactory persons to look after them in their absence.

The present premises, formerly St. Martin's Vicarage, are admirably suited for the purpose. Not only are the rooms light and airy, with good accommodation for the staff, but the old vicarage garden makes an ideal playground for the toddlers and airing ground for the infants. The provision of a good sandpit has proved a never-ending source of open-air amusement for the youngsters.

The Corporation took over the work of the Leicester Day Nursery Society in July, 1920.

Attendances.

The Day Nursery was open during the year for 248 full days and for 51 half-days (Saturdays). The total full-day attendances were 11,960, and half-day attendances, 2,488. Converting the half-days into full days, we get a total average full-day attendance of 43. The corresponding figure in the previous year was 48.

Teaching in Mothercraft.

The arrangement with the Education Committee for the teaching of mothercraft to school girls continues and may be regarded as pioneer work in this direction. During the year 150 girls attended, coming from the following schools :—Elbow Lane, King Richard's Road, St. Mark's, St. George's, All Saints', Holy Trinity, and St. Margaret's. The girls come in batches (eight being the maximum number), one batch attending in the morning and one in the afternoon, and each batch attends for four weeks. The total attendances of school girls was 2,843, and the daily average, 13—14.

8.—Assistance in Necessitous Cases.

A Special Sub-Committee, of which Mrs. Cooper is Chairman, meets each week to consider applications for Necessitous Maternity

Cases. Every application has to be made in writing on a special form which has been carefully drawn up for the purpose, and which has been modified from time to time as experience has suggested. In this form, signed by the applicant, a full statement has to be made of all sources of income, together with many other particulars such as rent, number of children to be provided for, &c. The statements made in the application form are frequently checked by reference to the employer, Board of Guardians, &c., in order, as far as possible, to verify their accuracy.

The following figures show the amount of assistance given during the year :—

Milk granted in 271 new cases and 1,316 old cases (repeated).

6,728 gallons of milk were granted free.

In 146 cases 867 packets of dried milk were granted free.

119 cases were admitted to Day Nursery at reduced rate.

31 „ „ „ „ „ „ „ free.

2 „ „ „ „ „ Maternity Home at reduced rate.

Doctors' fees remitted in 26 cases.

Midwives' fee allowed in 22 cases and half fees in 11 cases.

1 case was assisted with Home Help.

1 case part dental fees remitted.

No action was taken in 87 cases.

Maternity and Child Welfare Dental Clinic.

This was started in November, 1924, and is open to nursing and expectant mothers and children under five years. The figures show an increase upon previous years.

The following are the figures for 1927 :—

45 Clinic Sessions were held.

79 New cases attended.

89 Cases completed treatment.

353 Attendances were made.

21 Dentures supplied.

4 „ „ repaired.

306 Extractions of Permanent Teeth.

60 Extractions of Temporary Teeth.

117 Local Anæsthetics given.

5 Cases received gas.

29 Fillings made.

7 Scalings done.

108 Prostetic and other Dressings made.

The clinic is held in connection with the School Dental Service, one of the School Dentists giving a half-day a week to seeing patients referred to him from the Maternity and Child Welfare Department. We pay the Education Department for the services rendered according to agreement, the payment covering salary of dentist, appliances, material, &c. Dentures are made by outside dental artificers, but are, of course, fitted by the dentist at the clinic.

Charges are calculated on the basis agreed upon by the Dental Profession for patients insured under the National Health Insurance Act, sometimes referred to as the " Panel Scale." The patient pays half the charge and the balance, representing the difference between patients' payments and cost of the clinic, falls on the Maternity and Child Welfare Committee.

This arrangement has been found to work well. Last year the total cost of the Maternity and Child Welfare Dental Clinic was £200 2s. 10d. Payments received from patients amounted to £52 12s. 0d., showing a deficit of £147 10s. 10d. half of which will be refunded by the Government under the Maternity and Child Welfare Grant.

The patients during the year numbered 111, of which 32 were expectant mothers, 40 were nursing mothers, and 39 were children under 5 years.

As only one session per week is devoted to Maternity and Child Welfare work, and the number of patients per session being necessarily limited, the number of patients has also to be limited.

The institution of a dental clinic for mothers and young children marks a definite step forward. It would be difficult to exaggerate the importance of dentistry, yet hitherto the heavy cost, together with a natural reluctance to " visit the dentist " have been great stumbling blocks.

It is believed that carious and septic teeth in the mother may be a source of infection in the case of puerperal sepsis. If this is true the dental treatment of expectant mothers should help to prevent this cause of maternal mortality.

There is still insufficient appreciation of the importance of simple dental treatment of the temporary teeth in young children.

Patients are selected for the Dental Clinic by the medical officers attending the Ante-natal and Infant Welfare Clinics.

Midwives and Maternity Homes Act, 1926.

There are 19 Registered Maternity Homes in the City. 54 inspections were carried out by Dr. Helen Dent. She states that the majority of proprietors have shown a commendable desire to manage their Homes according to modern ideas as to the requirements of a satisfactory Maternity Home, and have given every facility for inspection. The requirements of the Act were on the whole satisfactorily complied with.

Midwives, Inspection of.

Dr. Dent also reports that regular inspection of the midwives has been carried out. The revised Rules of the Central Midwives Board for 1927 require of midwives records of ante-natal work, the records to be kept in a prescribed manner. This has increased the work and responsibility of midwives.

MATERNAL MORTALITY.

During the year there were six deaths of women registered as due to "puerperal sepsis" and ten to "other accidents and diseases of pregnancy and parturition," a total of 16. As the number of births registered was 3,965, this gives a rate per 1,000 births of 1.5 for "sepsis" and 2.5 for "other accidents, &c.," or a total of 4.0. The corresponding average rate for the whole country was in 1925, 4.0 ; in 1926, 4.1.

Deaths in connection with childbirth or pregnancy are very deplorable, and, obviously, it is our duty to reduce these deaths to a minimum. They are often spoken of as preventable, but it would be an error to suppose that all can be prevented in the present state of human knowledge and whilst civilised life remains what it is.

A few particulars about the 16 deaths may be of interest. One of the deaths from sepsis was that of a woman who had a septic arm and mouth and was in an unhealthy condition generally. One was a case of twin-birth complicated by the serious condition known as placenta praevia (mal-position of the placenta). Two were cases of miscarriage. One occurred in a public institution and no explanation could be given as to why the case "went wrong."

Amongst the ten "other accidents" there were three of puerperal eclampsia ; two from hæmorrhage (one in an unmarried girl who had made no proper preparation for her confinement) ; two were due to embolism ; one to heart disease ; and one to a ruptured ectopic pregnancy.

Childbirth is necessarily a very serious business. Even in animals living in a state of nature and under ideal physiological conditions it is fraught with a certain amount of danger, and still more so in the case of domesticated animals. It is not surprising therefore that in human beings, necessarily living under highly artificial conditions, the danger should be greater still. This probably is one explanation why maternal mortality has not fallen in the way that general mortality has.

At the same time there is reason to believe that some, at least, of the deaths in connection with childbirth could be prevented, especially by precautions taken beforehand, and it is for this reason that we attach so much importance to ante-natal care.

The work of our ante-natal clinics has been referred to above.

PART IV.

Administrative and General.

HOUSING OF THE WORKING CLASSES.

It is no exaggeration to say that the proper and adequate housing of the people is a public health matter of the very first importance. Our ideas as to what constitutes proper and adequate housing have grown very much in the past decade. Post-war and pre-war housing schemes are in two quite different categories. In spite of many criticisms which can be and are made, most post-war municipal housing schemes represent a great advance upon pre-war schemes. This, of course, is primarily due to the attitude of the Government, backed up by more enlightened public opinion and the power of granting or withholding subsidies. Some of the outstanding features of municipal houses subsidised by the Government is that they are built semi-detached or at most in blocks of four, that long straight monotonous rows of houses are avoided, that they are substantially built, and in some schemes (not all) attempts have been made to avoid monotony and introduce variety by having more than one model or plan of a given type of house. Much more attention has been paid also to the important question of aspect and of access of light and air. The rule that not more than 12 houses must be built to the acre has greatly facilitated this, and has made it possible to allot good gardens to most new houses. Lastly, as regards the internal planning and accommodation provided, great improvements are manifest, and the provision of a bath and copper, with hot and cold water laid on makes a higher standard of life than ever before possible for the working classes.

The above remarks apply to municipal housing schemes generally, and Leicester is no exception. Moreover, we are learning by experience, and schemes launched within the past year or two show a distinct advance in some respects upon those launched earlier.

Thus, in Leicester, a progressive improvement can be seen in the three principal local building schemes—the Coleman Road Estate, the Park Estate, and the Braunstone Estate.

Number of Houses Erected.*

		By Private Enterprise		By Corporation	Total
		Without Subsidy	With Subsidy		
1921	..	21	87	392	500
1922	..	114	—	260	374
1923	..	135	—	84	219
1924	..	336	70	114	520
1925	..	298	239	513	1050
1926	..	374	303	1036	1713
1927	..	726	265	1590	2581
Total for 7 years		2004	964	3989	6957

As affording some indication of the probable needs of the City as regards housing, the following facts are relevant.

During the six years prior to the war, 1909-1914, the total number of new houses erected (by private enterprise) was, I am informed by the City Surveyor, 2,009. During and immediately after the war, building operations practically ceased, the number of new houses built during the six years, 1915-1920, being only 353. In the seven years since the war, 1921-1927, the number, as we have stated, was 6,957, making a total for the 19 years of 9,319.

As regards the increase of population which has taken place during the same period of 19 years, I estimate this to have been at least 24,000.†

Allowing 4.3 persons per house (using the last census figure) these 24,000 additional persons would require 5,581 additional houses. But over and above these, new houses have had to be provided to take the place of the not inconsiderable number of houses which have had to be demolished either because they had become worn out and past repair and had been condemned, or in order to make room for factory extensions. New houses have also had to be provided to make up the shortage existing before the war.

Moreover, there are still a large number of old and worn out houses which we hope to be able to clear away as soon as housing conditions justify it.

It may be stated, therefore, that whilst the efforts of the Corporation must have done a very great deal towards meeting the

*Figures supplied by the City Surveyor and by the Housing Architect.

†This is slightly over the Registrar General's estimate, which is probably too low.

housing shortage, much still requires to be done in the building of working-class houses before the needs of the City are adequately met.

Overcrowding.

In the last report a number of instances were given of serious overcrowding which had come to the notice of the Health Department. It is not necessary to go over the same ground again, but it may be said that similar cases continue to come to light. Just one case may be quoted as an extreme example.

A small two-roomed cottage in a court was found to be occupied by a man, wife and **ten** children. They all slept in two double beds which almost entirely occupied the entire floor space of the one tiny bedroom. The father and five boys slept in one bed; the mother and four girls and the baby slept in the other. Six persons in each bed! Twelve persons in the one small room! I was informed that the parents had come to this house many years before when they had only one child, and all the others had since been born in that one tiny bedroom! How the poor children, not to mention the unfortunate father and mother, existed can be better imagined than described. The cottage, what there was of it, was quite as clean and well-kept as could possibly be expected under the circumstances. Indeed, the woman impressed me as being very capable to manage as well as she did. Strong representations were made to the owner who stated that he had repeatedly tried to get the family out into a larger house. Eventually a larger house belonging to him happened to fall vacant, and he then moved the family into it.

I was assured by the family that all efforts made by themselves to obtain a larger house had failed. Tenants with large families are not sought after by landlords, and for very obvious reasons.

The Housing of Large Families.

A case such as the above illustrates a problem which still awaits solution—the housing of large families.

The present housing policy of the Corporation is admirable as far as it goes. The Housing Committee are building excellent houses on a large scale on the newly acquired building estates in the healthy outskirts of the City, and up to the end of 1927 some 4,000 houses have been erected by the Corporation and occupied.

The effect of this building policy from the public health point of view will undoubtedly be highly beneficial and far-reaching.

extending far beyond the present generation. Moreover, its effect will not be confined to the fortunate but comparatively small section of the community occupying the new houses, but it is calculated to benefit indirectly other sections of the Community :—

(a) By tending to raise the whole standard of housing for the working class ;

(b) By relieving the pressure on existing old houses, thus facilitating the closing of the worst of these and the reconditioning of those not quite bad enough to condemn.

This potential indirect effect of the Corporation's housing policy is very important and must never be lost sight of, but it is essential, if full benefit is to be derived, that the present housing policy should be continued long enough and not abandoned as soon as the more urgent demand for new houses is satisfied.

Moreover, it will in any case take time, and probably a long time, before it will afford any appreciable relief to the lowest stratum of the population which, on public health grounds, is just the class most in need of assistance.

But apart from the indirect effect referred to above the present housing policy of the Corporation fails to help persons who :—

(a) Are unable to afford the rent fixed for new Corporation houses ;

(b) Have such a large family that a Corporation house (of the existing type, containing only three bedrooms), would not be large enough.

Naturally the disability indicated in (b)—the extra large family—is often associated with the disability of (a)—insufficient family income—so that the building of houses with more than three bedrooms, whilst desirable, would certainly not solve the difficulty, unless indeed the present basis of letting Corporation houses were modified.

The writer is frequently having cases brought to his notice where families are living under really deplorable conditions as regards housing, and are grossly overcrowded. Yet for one or other or both of the reasons indicated these cases are in practice ineligible for a Corporation house.

Moreover, there is a third reason which disqualifies many families who on public health grounds are urgently in need of better housing, and that is the ground of personal character. The Housing

Committee are obliged, for the credit of their new housing estates, to be very particular in this respect, and many applicants for new houses are disqualified thereby.

Yet there is reason to believe that a proportion—possibly a large proportion of the apparently undesirable tenants would respond favourably to an improved environment, especially if dealt with sympathetically but firmly.

Suggested New Policy.

The question then to be decided is this : Should we be content with the present policy of the Corporation, excellent though it is, waiting in the hopes that some day, perhaps many years hence, it will indirectly solve the problem of the lowest stratum ; or can we do anything in the meantime by means of some supplementary policy to directly help as regards housing that section of the population which is really more in need of help than any other class ?

No criticism whatever of the present housing policy is intended or implied. It is obviously desirable to fix the rates of the Corporation houses at a figure which, whilst within the reach of the average working-class family, shall entail as little loss as possible on the community as a whole. Also it would be difficult and lead to serious complications if the Housing Committee were to make any distinction in the rent charged to different tenants according to ability to pay. They must have a fixed rent scale, and keep to it.

It would also be undesirable for the Housing Committee to jeopardise the character of their new housing estates by lowering their standard as regards character.

It would, however, be quite a different proposition if the Health Committee, as apart from the Housing Committee, had the letting and control of a certain number of Corporation houses which should be located quite apart from other Corporation houses.

These Health Committee houses might well be subject to different conditions as regards class of tenant and rent to be charged from what obtained for Housing Committee houses. For the Health Committee are specially concerned with the health and welfare of the poorest stratum of the community, and their point of view is therefore rather different from that of the Housing Committee.

The Housing Committee naturally want good tenants— that probably is one of the first considerations from their point of view. The Health Committee, on the other hand, want to assist those

most in need of assistance as regards overcrowding ; in practice they would only deal with such cases as the Housing Committee reject.

The Health Committee could better afford to experiment with these unfortunates—often more sinned against than sinning—for if the experiment failed it should not in any way jeopardise or bring discredit upon the Corporation's Housing Schemes generally.

Such a scheme as outlined above should fit in very well with slum clearance. At present one of the chief obstacles to closing old and poor class houses on a large scale is the question of rehousing the displaced tenants. Unless this is done, the closure of old houses must necessarily lead to further congestion and overcrowding of the remaining old houses.

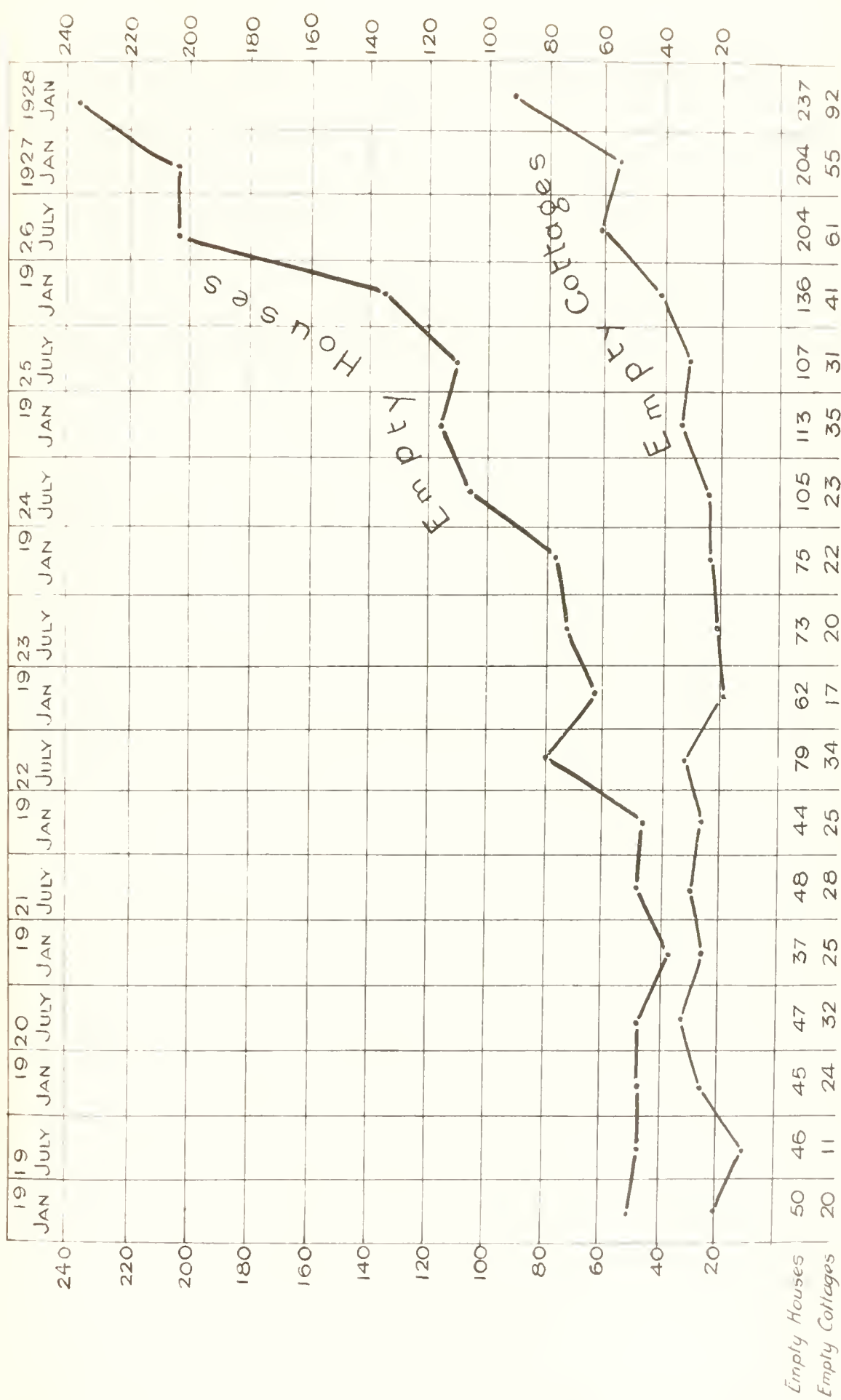
Slum Clearance.

The time is approaching when it will be possible for the Health Committee to do more in the direction of closing old and worn-out houses than has been possible or desirable so long as an acute shortage of houses continued. There is still a great difficulty amongst the poorest section of the population, and especially those with large or even moderate families, in obtaining houses. A great many families are still living as sub-tenants, others are living in houses too small for their requirements.

Unfortunately very many of the class referred to are ineligible for various reasons, as has been stated above, for new Corporation houses, and it is likely to be some time yet before the pressure on the poorest class of cottage will be sufficiently reduced by the extensive building operations now going on.

Much time has been given during the latter part of the year under review to the question of slum clearance. The worst areas have been mapped out and the worst houses in them have been scheduled. Officials of the Ministry of Health have been consulted and other cities have been visited. A special report will in due course be presented to the Committee.

In this connection it is to be remembered that a large number of working class houses, some of them of very poor class, will have to be demolished in connection with the Street Improvement Scheme which is now being carried out. Alternative accommodation for the tenants of these houses who will be displaced is now being provided, and a number of special houses are being erected by the Acquisition of Properties Committee.



Reconditioning of Old Houses.

Whilst the ideal is to demolish the worst houses, i.e., those which under no circumstances could be made into satisfactory human dwellings and those which are so far worn out as to be not worth repair, there are many houses not quite bad enough to pull down which are capable, subject to reasonable expenditure upon them, of being so greatly improved as to make satisfactory dwellings for many years to come.

The policy of "reconditioning" of old houses is definitely recognised by the Government, which is willing to assist Local Authorities financially in its execution.

In the Housing Manual, issued by the Ministry of Health in 1927 it is stated (p. 9) :—

" Assistance for the reconditioning of existing buildings must not be given unless the Local Authority are satisfied that the surrounding conditions and the state of the building when reconditioned will allow it to be in all respects a satisfactory dwelling fit for habitation."

" Fit for human habitation " implies generally that a dwelling should be free from serious dampness ; satisfactorily lighted and ventilated ; properly drained and provided with adequate sanitary conveniences and with a sink and suitable arrangements for disposing of slop water ; and be in good general repair. Moreover, the building should usually have a satisfactory water supply ; adequate washing accommodation ; facilities for preparing and cooking food ; and a well-ventilated store for food "

" As regards the accommodation and the convenience of its arrangement, a higher standard can well be considered as essential in the case of new buildings than that which might nevertheless be accepted as fit for habitation in the case of existing buildings to be reconditioned. It is desirable, however, that dwellings on which a substantial sum is to be spent, with financial assistance from public funds, should approach as nearly as possible to the standard of new cottages "

" In many cases existing houses are so small and additions would be so unsatisfactory that a better alternative is to convert two inadequate dwellings into one, and build new cottages to make up the deficiency in numbers thus created."

Hitherto, the Leicester Corporation has not taken any action in itself reconditioning old houses or assisting private owners to

do so, but a certain amount of reconditioning has been done by private owners, either spontaneously or, more often, as the result of pressure from the Health Department. But there are many owners who are financially not in a position to spend substantial sums of money in reconditioning and who would prefer to close a house rather than incur such expenditure.

If, therefore, the work of reconditioning is to be undertaken on a really large scale, financial assistance, either from the Local Authority or from a Public Utility Society, will need to be forthcoming.

DETAILS OF HOUSING ACTIVITIES DURING 1927.

The following statement as to the work carried out by the Housing Committee has been kindly supplied to me by Mr. J. S. Fyfe, A.R.I.B.A., the City Housing Architect.

Year.	Total No. of Houses occupied during the year.	HOUSES COMPLETED DURING THE YEAR.			
		Without State Assistance.		With State Assistance.	
		By Local Authority.	By Private Enterprise.	By Local Authority.	By Private Enterprise.
1927	258	—	726	1590	265

Total number of Corporation houses now occupied up to and including 31st December, 1927 ..	3,989
Houses under construction	500
Total	4,489

N.B.—The total number of houses occupied up to and including 18th June, 1928, is	4,043
Houses under construction	585
Total	4,628

Housing Acts, 1923-1926.

Subsidy.

The Leicester City Council approved 556 houses under the Subsidy Scheme from 1st January, 1927, to 31st December, 1927, towards which a grant not exceeding £75 per house is given.

Of this number 171 houses were occupied and 385 in various stages of construction.

In addition, under the 1924 Act the Sutton Trustees are erecting 246 houses of which 94 were occupied on 31st December, 1927.

The total number of houses approved to 31st December, 1927, under the 1923 Act from the commencement of the Scheme was 1,688, of which 1,298 were occupied on that date.

Guarantees to Building Societies.

Private persons building under a Building Society also receive the benefits of the Housing Acts, and from 1st January to 31st December, 1927, the Council has guaranteed £54,597 in respect of 425 houses making an average of £128 9s. 3d. per house.

The total amount guaranteed by the Council up to 31st December, 1927, was £131,064 in respect of 1,032 houses.

CORPORATION HOUSING SCHEMES.

Particulars of Houses let to 31st December, 1927.

			Parlour Type.	Non-Parlour Type.
Coleman Road	..	..	300	36
Bisley Street	..	..	20	—
Westcotes	..	..	90	2
Wyggeston Hospital	..	..	60	—
Kimberley Road	..	..	40	—
Halsbury Street	..	..	10	—
Humberstone Drive	..	..	34	—
Gipsy Lane and Hampden Road	..		7	—
Knighton Fields	..	..	4	35
St. Andrew's Road, Saffron Lane and Hawkesbury Road	..	..	6	8
Duncan Road	..	..	32	—
North Bridge	..	..	—	32
Saffron Lane (No. 2)	..	..	70	130
Uppingham Road	..	..	62	58
Gwendolen Road	..	..	50	56
Knighton Fields (Kirby) Estate	..		170	152

			Parlour Type.	Non-Parlour Type.
Park Estate (Concrete)	..	..	500	500
Park Estate (Brick)	..	..	250	250
Park (Cradock) Estate	..	..	158	156
Victoria Road East	..	..	52	54
Braunstone	..	..	250	250
Steel Houses	..	..	—	2
			<hr/>	<hr/>
			2,165	1,721
Houses Sold	..	..	49	54
			<hr/>	<hr/>
			2,214	1,775
			<hr/>	<hr/>

The parlour type house consists of parlour, living room, scullery, 3 bedrooms, bathroom and usual out-offices.

The non-parlour type consists of living room, scullery, generally three bedrooms, bathroom and usual out-offices.

There are 23 of the non-parlour type on the Knighton Field Estate with two bedrooms, and 18 parlour type on several estates with four bedrooms.

Neither of these latter types are now being built.

The rents of the houses (including rates) vary from 9s. 10d. to 12s. 3d. for non-parlour type, and from 13s. 2d. to 17s. 8d. for parlour type.

Park Housing Estate.

Area .. 206 acres.

All the houses are now occupied on this Estate. During the year 1,036 houses have been occupied. There are 1,814 houses on the Estate, 868 being within the City boundary, 809 in the Blaby Rural District, and 137 within the Wigston Urban area. 1,000 of the houses are of concrete construction.

Braunstone Housing Estate.

500 concrete houses, 250 being parlour and 250 non-parlour, have been completed and occupied during the year.

486 brick houses were commenced before the end of 1927.

VAN DWELLERS.

During the year the question of van dwellers was repeatedly before the Committee. Trouble was specially experienced at Aylestone in Lothair Road and by the river side on land near the Old Water Mill. In the first mentioned locality the van dwellers squatted on vacant unfenced land without the consent of the owners. In the other, the owner provided the vans and let them (at a high rental) to unfortunate people who had nowhere else to live. In both cases serious complaints of nuisance came from the residents in the neighbourhood. The trouble was ultimately settled, in the first instance by inducing the owner to fence the land and then to eject the van dwellers with the aid of the police ; i.e., the police were present during the process of ejectment. The owners could only be got to act under threat of proceedings against them under the Public Health Act for allowing the nuisance. In the second instance the owner was summoned for causing the nuisance.

During the year special byelaws relating to Van Dwellers were passed by the Town Council. Theoretically, these ought to be a great help in securing better conditions as regards such matters as lavatory accommodation, water supply, removal of domestic refuse, and condition of ground (paving, &c.), on which vans are stationed. In practice it is probable that their chief use will be in helping us to shift van dwellers.

Some of these van dwellers have probably a considerable admixture of gipsy blood in their veins. Many of them have been born into the life and appear to have the "nomadic" instinct strongly developed. It is doubtful if they could be induced to settle permanently in houses even if they could secure them, which, until houses are more easily obtainable than at present, they are hardly likely to do.

The nuisance arising from van dwellers is not, of course, permanently cured by making them shift from one "pitch" to another, although if the new "pitch" is outside the area of the Local Authority taking action it may temporarily solve the nuisance so far as that particular authority is concerned. The difficulty is that these people must live somewhere, and such is the attraction of the town, especially in winter, that sooner or later they will be back again on some other vacant land. They are rather like the sparrows that one drives off one's garden !

One Corporation, (Middlesbrough) has tried to solve this problem of van dwellers by providing a special "pitch" for them under satisfactory conditions as regards lavatory accommodation, water

supply, paving, lighting, &c. Of course, a charge is made for using the "pitch," and it is stated that the receipts cover the expenditure.

There is much to be said for such action as this, but on the other hand there is the argument that it would tend to encourage a mode of living which, in a civilised community, and especially in urban districts, ought not to be encouraged.

In fairness to the van dweller, I am bound to state that in my experience the life is not an unhealthy one. They have not given us special trouble as regards infectious diseases, and in some respects some of them are, in my opinion, distinctly above the ordinary slim dweller as to character. I may add that they often own property (e.g., their vans and horses), of not inconsiderable value.

It is certain, however, that they are very unpopular with, and always more or less suspected by, the ordinary citizens living in the locality where they chance to take up their abode. This is easy to understand. If anything is missing the neighbouring van dwellers are blamed for it, and the fact that usually they are without proper closet accommodation, or proper means of disposing of their domestic refuse often makes the creation of a nuisance almost inevitable, especially where a number of them congregate together.

DISINFECTION.

The total number of articles of clothing, bedding, &c., disinfected by steam in the Corporation Steam Disinfecting Chamber in Mill Lane was 853.

The number of houses or parts of houses disinfected by the Health Department Staff after infectious disease was 1,621.

The method of disinfection adopted is spraying with formaldehyde solution.

Much less importance is attached by sanitarians to-day to what is known as "terminal" disinfection of premises, i.e., disinfection after the termination of a case of infectious disease, than was formerly the case. Many authorities have openly expressed doubt as to whether much advantage is to be gained.

Thus, Dr. Duncan Forbes, M.O.H. for Brighton, has written :—

"Statistics, scanty though they be, show that up to the present time disinfection by the health authority presents no advantage over simple domestic cleanliness."

And he points out that there are certain definite objections and disadvantages to disinfection apart from the expense involved.

I believe that in New York and several other cities in the States terminal disinfection after scarlet fever has been abolished.

The view is gaining ground that the contagion of such diseases as scarlet fever, measles, or diphtheria, can only live for a short time outside the human body, and that it is the living human being carrying the germs of the disease who is the real source of danger.

Certainly, speaking from my own experience as a Medical Officer of Health, I have come across very few instances where there was any real ground for suspecting that infection had been derived from visiting a house after the occurrence of infectious disease unless the patient or a living "carrier" was present. It is probable that infection which may have settled on walls or floors quickly dies a natural death, and that fresh air and sunlight, as has often been stated, are after all the best disinfectants.

At the termination of a case of serious infectious illness in a house, e.g., diphtheria, scarlet fever, measles, whooping cough, &c., the rooms occupied by the sick persons should be thoroughly "spring cleaned." It should be understood that infection tends to adhere to dust and to settle wherever dust settles. Indeed, dust, dirt and disease should be associated in the mind together. All dust and dirt must therefore be ruthlessly got rid of.

Infection also tends to cling to articles of clothing, bed-linen, cups, spoons, &c., in fact anything that has come into direct personal contact with the sick individual. All such articles therefore should be washed with soap and water when this is possible, and when this cannot be done the articles should be exposed to the open air for sunlight and fresh air are very potent disinfectants.

It is a mistake to attach great importance to what is called chemical disinfection. The procedure indicated above should be carried out in any case, and when it is carried out chemical disinfection is not usually really necessary.

The Corporation, however, are willing to perform chemical disinfection in the case of certain diseases, and also in the case of deaths after tuberculosis, and to remove bedding for steam disinfection.

HUMANE SLAUGHTERING OF ANIMALS FOR FOOD.

Towards the end of 1927 the Town Council, on the recommendation of the Health Committee, passed a byelaw (virtually Model Slaughter House Byelaw 9 b) making the stunning of animals by a mechanically-operated instrument prior to slaughter compulsory.

Prior to the new byelaw coming into force, a comprehensive slaughtering demonstration was organised by the Health Department at which butchers and others interested, including members of the Health and Markets Committees, were present and the use of various types of "mechanical killers" was demonstrated. This demonstration was rendered possible by the courtesy and co-operation of the Leicester Co-operative Society and of Messrs. G. Folwell & Son. These firms kindly allowed their premises to be used for the purpose and their staff rendered every assistance.

On February 1st, 1928, the new byelaw came into force, and although it is true that the Butchers' Association have formally expressed their disapproval of the byelaw, especially as regard sheep and pigs, they have loyally endeavoured to carry out the regulations, and I am able to say that no serious difficulty, from the point of view of administration, has been experienced.

Use of the Mechanical Killer for Pigs.

It was in connection with pigs killed for bacon that the chief objections of the trade were at one time centred. It was contended that in the case of pigs stunned with the mechanical killer prior to "sticking," bleeding would not be so free as in the case of pigs hoisted and stuck without preliminary stunning, in the ordinary manner prevailing in this part of the country, and that as a consequence the flesh would not be so completely drained of blood and the resulting bacon would not be so well "cured" and therefore would not keep so well.

It was also contended that the phenomenon known as "splashing," which consists of a localised extravasation of blood into certain parts of the carcase, would occur more frequently.

It would appear to be established that if an animal be shot with the mechanical killer and allowed to lie on the ground until the convulsive movements which set in within a few seconds of shooting have ceased (i.e., until the animal is actually dead) before sticking, "splashing" is more apt to occur and bleeding is not so complete. This is not surprising. But if the animal be hoisted and stuck before the convulsive movements set in, then it would appear that the bleeding is quite satisfactory and that "splashing" does not occur.

The time elapsing, however, between shooting and the onset of the convulsive movements is very short—a matter of seconds only—and once the convulsions have set in it is difficult for the slaughterman to stick the animal, indeed it is risky for him to attempt to do so. It seemed, therefore, that there was a real difficulty to be overcome.

Various methods have been tried to get over this :

(1) To hoist the pig (by a chain attached to one leg, this being the usual method), then to shoot it and immediately stick it. This method is open to the objection that this method of hoisting is in itself cruel, and the leg by which the animal is suspended sometimes gets sprained during the convulsions.

(2) To drag the pig to the point of slaughter by a noose round its nose, to shoot it as it stands, then to stick it on the ground and allow it to bleed on the ground. This method is open to the objection that it is "dirty," for during the convulsions on the ground, which becomes saturated with blood, the blood is splashed all about the slaughter-house and the whole carcase becomes covered with blood. It is said that the provision of a grating at the point of slaughter with a catch-pit under to catch the blood will minimise this objection.

(3) The lifting of the pig on to a cratch (the use of a special lever attached to the cratch greatly facilitates this), then shooting it and sticking it and allowing it to bleed whilst held on the cratch. The objection to this method is that it takes three men, two to hold the pig and one to shoot and stick.

(4) To shoot the pig on the ground, then to shackle it, hoist it and stick it. This is the method adopted by Messrs. Spears & Clarke at Bath, who are very large bacon curers, and who have used the mechanical killer for years. This method works well with them, but considerable skill and much expedition is necessary to get the pigs shackled and hoisted after shooting before convulsions set in.

(5) Lastly there is a method devised by Messrs G. Folwell and Son, a Leicester firm of pork butchers, doing a large trade including bacon curing. As this method appears to be original and as it has proved eminently satisfactory in practice it may be well to refer to it in a little more detail. In the opinion of many who have witnessed it in operation it is the most satisfactory method hitherto devised for using the mechanical killer on pigs.

The essential feature of the method is the employment of a specially made double noose of rope, by means of which both hind legs can be shackled whilst the pig is in the lairage. The pig is then hoisted by both legs, and is drawn through swing doors into the slaughter-house. It is then shot and stuck. It is not practicable to shackle both legs of a pig if a chain be used, for whilst shackling the second leg the chain is very apt to slip off the first leg.

By this method a man can work single-handed, the same man shackling, hoisting, shooting and sticking.

Messrs. Folwell have now been using this method exclusively for several months, and have killed over 3,000 pigs by it. They assure me that they have found it quite satisfactory in every way.

MIDWIFERY LECTURES FOR PUPIL MIDWIVES.

Owing to pressure from the Central Midwives' Board an important alteration has had to be made in the arrangements for lectures to pupil midwives in Leicester.

Hitherto the three institutions recognised by the C.M.B. as "training schools" for pupil midwives in Leicester, viz., the Bond Street Maternity Hospital, the Municipal Maternity Home, and the North Evington Infirmary (Poor Law) gave their own courses of lectures, the lecturers approved by the C.M.B. for this purpose being the three medical officers attached to the institutions. The Board, however, decided that it was desirable that instead of three separate courses there should be one combined course which the pupils from the different institutions could attend, and in order to bring this about they decided to withdraw their approval of the individual lecturers.

The authorities responsible for each institution, as well as the lecturers themselves, all protested against the proposal of the C.M.B., correspondence ensued and deputations waited upon the Board to point out that a combined course of lectures would be highly inconvenient as it would necessitate the absence of the pupils from the institution when attending the lectures. The C.M.B., however, refused to give way, and as they had the power in their hands the Leicester Maternity Hospital and the Municipal Maternity Home decided that they must comply, though the North Evington Infirmary decided still to hold out.

Arrangements were accordingly made for the University College to organise and carry on a course of lectures, and a special Committee was appointed, composed of representatives of the University College and of the two institutions mentioned, together with the two lecturers. The new scheme came into operation in 1928.

CREMATION.

The Leicester Crematorium, in connection with the Gilroes Cemetery, was opened in the year 1902. For the first 20 years the number of cremations annually was small. It averaged 20 and

showed only a slight tendency to increase. In 1922 the number was 23. Since then there has been a marked and steady increase as shown by the following figures :

1923	..	36	1925	..	57
1924	..	40	1926	..	70
		1927			68

Cremation in Great Britain.

There are now 17 Crematoriums in Great Britain, the new one at Bristol having now been opened.

The total number of cremations during the year was 3266 as against 2,877 in the previous year. Five years ago the number was under 2,000.

MILK AND CREAM REGULATIONS
(Return required by Ministry of Health.)

No. of samples of cream taken during 1927	..	12
Contraventions	.. .. .	9

- No. 526.** Contained 57.44 per cent. of fat and 0.36 per cent. boric acid. No notification on carton as to preservatives.
- No. 527.** Contained 52.66 per cent. of fat and 0.296 per cent. boric acid. No notification on carton as to preservatives.
- Nos. 529, 531, 532, 533, 534, 535 and 537.** No notification on cartons as to preservatives.
- Vendors of all above samples were cautioned by M.O.H.

REPORT

OF THE

Tuberculosis Dispensary

FOR 1927.

By WYVILLE S. THOMSON, M.D., D.P.H., Edin.,
Tuberculosis Medical Officer.

Premises.

The Tuberculosis Dispensary, Health Department, Grey Friars, is the centre for dealing with all work in connection with Tuberculosis in the City.

Staff.

The Medical work has been carried on by Dr. Thomson with the half-time assistance of Dr. Lawrie.

No change has taken place in the nursing staff which consists of three fully trained nurses each being responsible for the visitation over one third of the City.

The Clerical Staff consisting of Miss J. Heaton with Miss E. E. Battle as assistant, remains as before.

Notification Register.

Tuberculosis being a notifiable disease, all persons suffering from it must be notified, and their names are entered in the Register.

At the beginning of the year the Notification Register was thoroughly revised. The names of all patients who had left the district were removed as well as those whom we could no longer regard as suffering from Tuberculosis, and only those with definite tubercular disease were retained on the register.

The following are the figures on the **Notification** Register on 31st December, 1927.

PULMONARY			NON-PULMONARY			TOTAL CASES
Males	Females	Total	Males	Females	Total	
1,290	1,167	2,457	106	99	205	2,662

Notifications.

There has been an increase of 53 in the number of persons notified as suffering from Tuberculosis during the past year—780 as compared with 727 in 1926. The pulmonary notifications were 700 in 1927 as compared with 650 in 1926, and the non-pulmonary were 80 as compared with 77 in 1926.

Increase in the number of notifications is not a bad sign, provided there is no corresponding increase in the number of deaths.

Greater care by doctors in sending any cases of whom they are doubtful, and systematic examination of contacts, enable us to detect cases in the earliest stages. They receive treatment before much damage has been done to the lungs—at a stage when they are most likely to derive permanent benefit.

Of the 700 pulmonary notifications 327 were reported by your Tuberculosis Officer and 21 of the 80 non-pulmonary cases.

The following table gives the number of notifications since 1918:—

1918	..	Pulmonary, 746 ; Non-Pulmonary, 82 ; Total, 828.
1919	..	,, 658 ; ,, 47 ; ,, 705.
1920	..	,, 572 ; ,, 59 ; ,, 631.
1921	..	,, 497 ; ,, 105 ; ,, 602.
1922	..	,, 566 ; ,, 43 ; ,, 609.
1923	..	,, 692 ; ,, 71 ; ,, 763.
1924	..	,, 725 ; ,, 65 ; ,, 790.
1925	..	,, 606 ; ,, 77 ; ,, 683.
1926	..	,, 650 ; ,, 77 ; ,, 727.
1927	..	,, 700 ; ,, 80 ; ,, 780.

The following table gives the sex and age period of those notified during 1927 :

Age Periods	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 & up.	Total
Pulmonary														
Males	1	14	63	43	29	40	74	41	44	22	6	6	377	
Females	..	9	42	29	30	54	76	45	25	6	7	323		
Non-pulmonary														
Males	2	10	13	1	1	5	6	..	1	1	1	1	41	
Females	..	8	7	8	6	1	2	3	3	1	..	39		

Deaths.

In spite of all our efforts to reduce the death-rate from Tuberculosis, the results are not encouraging. The figures for the past year show a total of 346 deaths, as compared with 325 in 1926. The pulmonary deaths have increased by 1 (283 as compared with 282), and the non-pulmonary deaths by 20 (63 as compared with 43). The following table gives the number of deaths each year since 1918 :

1918	..	Pulmonary, 316 ; Non-Pulmonary, 82 ; Total, 398.
1919	..	.. 264 ; .. 62 ; .. 326.
1920	..	.. 255 ; .. 72 ; .. 327.
1921	..	.. 278 ; .. 73 ; .. 351.
1922	..	.. 294 ; .. 67 ; .. 361.
1923	..	.. 285 ; .. 36 ; .. 321.
1924	..	.. 287 ; .. 62 ; .. 349.
1925	..	.. 305 ; .. 59 ; .. 364.
1926	..	.. 282 ; .. 43 ; .. 325.
1927	..	.. 283 ; .. 63 ; .. 346.

An analysis of the pulmonary deaths which occurred during 1927 shows, in the first portion of the following tables those who had had Sanatorium Treatment, the stage of the disease when first examined and the length of time elapsing between notification and death. In the second portion of the table similar information is given about those who had not had Sanatorium Treatment. In the third portion details are given of those who were never examined at the Dispensary—chiefly patients in other institutions, e.g., the Mental Hospital and North Evington Infirmary. Included here are also those better class patients who did not desire examination at the Dispensary.

ANALYSIS OF DEATHS.

PULMONARY CASES HAVING HAD SANATORIUM TREATMENT.

Stage when first notified or first examined			Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
Stage I. T.B.—ve 17	..	..	..	1	1	6	1	..	3	5
Stage II. T.B.—ve 21	..	3	2	2	2	1	1	2	4	4	
Stage III. T.B.—ve 12	..	2	2	..	2	4	..	..	..	2
Stage I. T.B.+ve 13	..	..	..	..	..	3	4	2	1	3
Stage II. T.B.+ve 45	..	3	1	4	2	5	2	8	6	8	
Stage III. T.B.+ve 26	..	1	4	3	5	4	4	3	1	1	
Total 134	9	9	10	12	23	18	15	15	23

PULMONARY CASES NOT HAVING HAD SANATORIUM TREATMENT.

Stage when first notified or first examined.				Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over	
Stage I.	T.B. -ve	7..	..	1	..	..	..	1	2	..	2	1
Stage II.	T.B.—ve	10	..	1	1	3	2	1	..	2	..	..
Stage III.	T.B.—ve	7	..	3	1	1	2	..	..	..	..	..
Stage I.	T.B.+ve	3	..	..	..	1	..	1	1	..	..	..
Stage II.	T.B.+ve	12	..	..	1	..	5	1	3	..	1	1
Stage III.	T.B.+ve	14	..	5	1	3	2	2	..	1	..	..
Total	53	10	4	8	10	6	6	3	3	2

PULMONARY CASES NOT EXAMINED IN CONNECTION WITH THE DISPENSARY.

TOTAL	Died within 1 month of notifica- tion.	Within 2 months	Within 3 months	Within 6 months	Within 12 months	Within 18 months	Within 2 years	Within 3 years	Lived 3 years or over
70	28	7	10	5	5	3	2	3	7

These three tables account for 257 deaths. In addition there were 22 deaths of patients who had never been notified as suffering from Tuberculosis, and 4 were notified after death. This gives the total of 283 pulmonary deaths.

As regards the non-pulmonary deaths, which account for nearly the whole increase over 1926, a large proportion (40 out of 63) were due to acute forms of Tuberculosis, 26 dying from Meningitis and 14 from Miliary Tuberculosis. Sanatorium Treatment is of little or no avail in such cases, and none of them had had Sanatorium Treatment. Of the remaining 23, 14 were due to Tuberculosis of the intestines, 3 from Tuberculosis of bones and joints, and 6 from Tuberculosis of Kidneys, Bladder, &c. Only 6 out of the total 63 cases had had Sanatorium Treatment.

Dispensary Register.

At the request of the Ministry of Health, a register called the Dispensary Register (not to be confused with the Notification Register) was commenced in 1926. In this are entered the names of all patients examined at or in connection with the Dispensary. Many of those examined are, of course, found to be non-tubercular. Others have to be examined repeatedly before one can come to a definite decision. As soon as a negative decision is arrived at the name is crossed off the Register. Similarly the names of those patients who remove to other areas outside the City boundary are taken off, and an intimation is sent to the Medical Officer of Health of the district to which they remove. Also on the death of a patient, the name is removed, so that the Register, which is kept thoroughly up to date, contains the names of all tubercular patients as long as they are under Dispensary supervision.

The number on this Register is bound to be smaller than that on the Notification Register, as those who are not examined at the Dispensary (e.g., better class patients and those in institutions such as North Evington Infirmary, Mental Hospital, &c.), do not appear in it.

The following table recently made out for the Ministry of Health from information contained in this Register may prove of interest.

ANALYSIS OF CASES ON DISPENSARY REGISTER

DIAGNOSIS	Pulmonary				Non-Pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A New Cases examined during the year :—												
(a) Definitely T.B. ..	220	207	94	63	8	8	18	17	228	215	112	80
(b) Doubtfully T.B. ..	..	..	..	..	..	..	..	..	25	26	15	6
(c) Non-Tuberculous ..	..	..	..	..	..	..	..	..	57	47	32	33
B Contacts examined :—												
(a) Definitely T.B. ..	3	2	20	16	..	1	2	3	3	3	22	19
(b) Doubtfully T.B. ..	..	..	..	..	..	..	..	..	..	..	..	..
(c) Non-Tuberculous ..	..	..	..	..	..	..	..	..	15	22	33	45
C Cases written off Dispensary Register :—												
(a) Cured	1	8	4	6	..	2	..	..	1	10	4	6
(b) Diagnosis not confirmed or non tuberculous .. ..	..	..	..	..	..	..	..	..	90	81	81	90
D Number of Persons on Dispy. Register on Dec. 31/1927 :—												
(a) Diagnosis completed	721	659	490	300	34	36	53	60	755	695	543	360
(b) Diagnosis not completed .. ..	..	..	..	..	..	..	..	..	27	18	11	8
Total patients on Register on December 31st, 1927 = 2,417												
1. Number of persons on Dispensary Register on January 1st, 1927	1,915				3. Number of patients transferred to other areas and cases "lost sight of" ..				75			
2. Number of patients transferred to other areas and "lost sight of" cases returned	118				4. Number of observation cases under A (b) and B (b) above, in which the period of observation exceeded two months				22			

Tuberculosis Dispensary as the "Centre for Diagnosis."

The Tuberculosis Dispensary continues to hold its place as the "Centre for Diagnosis," and doctors have no hesitation in sending patients whenever they have any doubt as to the presence or absence of Tuberculosis. Notes from 108 different doctors requesting an opinion on 476 cases were received and dealt with during the past twelve months. In addition many patients, not under medical attention, called on their own initiative desiring to know whether they had consumption.

Contacts have been regularly examined, and in this way one finds cases in the early stages of the disease.

The Ministry of Pensions regularly send their cases for examination, in many of whom an opinion is desired as to the presence or absence of Tuberculosis. The number of these examinations has naturally fallen considerably during recent years. 161 examinations and reports were made on these cases as compared with 310 last year.

Chest Examination.

Altogether 2,405 chest examinations were made, an increase of 334 on the previous year. Particulars are as follows :—

	Men.	Women.	Children.	Total.
First examinations	359	335	322	1,016
Re-examinations	498	405	486	1,389
	857	740	808	2,405

Bacteriological Examinations.

Sputum examinations to the number of 1,158 have been made for the Tubercle bacillus. Of these 441 were examined for doctors in practice in the City, and the remainder were obtained from patients examined at the Tuberculosis Dispensary. Sputum examination, if there be any expectoration, forms part of the complete examination of every patient sent for an opinion, before reporting to the doctor.

The following figures give the results of examinations :—

Nature of Specimen	Positive	Negative	Total
Specimens of Sputum :—			
From Practitioners.. ..	55	386	441
From Patients examined at Dispensary	162	551	713
Specimens other than sputum ..	—	—	4
	217	937	1,158

Patients Passed for Sanatorium Treatment.

The “Admissions Committee,” consisting of two or more members of the Hospital and Dispensary Committee, attend at the Tuberculosis Dispensary each Monday afternoon, and, in conjunction with the Tuberculosis Officer and Medical Superintendent

of the Sanatorium, interview and select from patients examined during the previous week cases for Sanatorium Treatment. During the past year 581 patients were passed for a course of Sanatorium Treatment, at Groby Road in the case of 395 adults and 20 children (surgical cases), and at Anstey Lane in the case of 166 children (pulmonary cases). In 1926 the figures were 588, being 391 adults, 28 children (surgical cases), and 169 children (pulmonary cases).

Unfortunately, owing to our limited accommodation, many patients who desired admission or re-admission to Sanatorium had to be refused. For months back the waiting list has been very heavy, and often a month or two months, or even more, elapses between a patient being passed for admission to Sanatorium and his entering the institution.

Patients on Dispensary Treatment.

Medical benefit is available for most patients by means of the State Insurance, Public Medical Service, &c., so that only those patients not so provided for are dealt with at the Dispensary. During the year 242 patients received treatment at the Dispensary, and at the end of the year there were 109 patients attending the Dispensary each week. All other patients are advised to attend periodically for advice.

Those children who have had a course of treatment and been discharged from Anstey Lane Sanatorium have been advised to attend the Dispensary once a week in order that they may be kept under careful supervision. When fit for school an intimation is sent to the School Medical Officer.

Attendances.

The total number of attendances of patients at the Tuberculosis Dispensary during the year was 9,403, a weekly average of nearly 200.

Domiciliary Treatment.

Those insured patients under the State Insurance who, for one reason or another, do not receive Sanatorium Treatment, besides others discharged from the Sanatorium, are recommended for "domiciliary treatment" under their panel doctor. An intimation to this effect is sent to the doctor, and quarterly reports on the patient's condition are sent by him to the Tuberculosis Officer. During the year 389 patients were granted Domiciliary Treatment, and at the end of the year 253 insured patients were receiving such treatment. 616 quarterly reports were sent in regarding patients under domiciliary treatment.

Visits.

As was pointed out last year, owing to the resignation of the three nurses and the time lost before replacing them, the number of visits fell considerably. In 1925 the visits paid by the nurses amounted to 6,234, in 1926 they fell to 4,835, but in 1927 with our nursing staff again complete the visits totalled 6,899. Our endeavour is to keep in touch with every patient as long as his name remains on the Dispensary Register. Advice, both verbal and printed, is given. Full particulars are obtained as to the home condition, contacts, &c. The number of visits paid by the Medical Officers for the purposes of consultation was 349 as compared with 385 in 1926.

Sleeping Shelters.

Eight ex-sanatorium patients have had the use of sleeping shelters, one for over four years, one for over three years, two for over twelve months, and four for under twelve months.

It is now about 15 years since these shelters were purchased, and most of them are almost completely worn out. It will be necessary in the near future to obtain another supply.

Unfortunately those persons most requiring shelters very often have not the necessary ground on which they could be erected.

Additional Nourishment.

The Health Committee grant milk to necessitous cases, under arrangements made by the Ministry of Health. They can do so up to a sum not exceeding £2 per thousand of the population per annum, and are thus enabled to carry on the grant formerly made by the Insurance Committee. Now, however, all persons, whether insured or non-insured (e.g., children), can have this benefit.

In April, 1927, the Committee decided to purchase only Grade A T.T. milk for this purpose.

Mr. Councillor C. E. Keene has again dealt with the applications for milk. He attends at the Dispensary every alternate Friday, and reviews each case every four weeks. I desire here to record my appreciation for the very thorough way in which he deals with them.

During the past year 176 persons were granted milk (as compared with 171 in 1926) free of charge, at a total cost of £300 15s. 11d.

Last year the total expenditure was £269 4s. 9d., and for 1925 the figure was £276 17s. 11d.

At the end of the year 75 patients were in receipt of a daily allowance of free milk.

Nursing of Bedridden and Surgical Cases.

The Health Committee, by an arrangement with the District Nursing Association, provide the services of a nurse to assist bedridden cases of Pulmonary Tuberculosis and those surgical cases in need of dressings, &c. This work is under the general supervision of the Tuberculosis Officer, and each patient having the services of a district nurse is periodically visited by one of the Tuberculosis Health Visitors. During the past year 109 cases received assistance in this way. Altogether 5,411 visits were paid at a total cost of £270 11s. 0d. The figures in the previous year were 4,826, costing £241 6s. 0d.

After-Care.

Many of the previous headings such as visits, use of sleeping shelters, additional nourishment, nursing of bedridden cases, &c., might well have been included under the term "After-Care." A very important branch of the work of the Dispensary consists in looking after patients after their discharge from Sanatorium.

We have at the present time 2,417 patients, with signs of active disease, on our Dispensary Register. Our endeavour is that the Dispensary nurses may keep in touch with each of these patients as long as the name remains on the Register.

It is found that the patients very much appreciate these visits, and the knowledge that they are not allowed to drift after leaving Sanatorium stimulates them to help themselves. They seek advice in many different directions, and the nurses have been able to help and encourage them in many different ways.

A difficult problem is finding suitable work for tubercular patients. One cannot blame employers for hesitating to engage them. Many of them are only fit for light work and cannot be depended upon to turn up with the same regularity as healthy individuals. Light outdoor work, such as would be desirable for tubercular persons, is extremely difficult to obtain and is almost always unremunerative, so for a married man with dependents it is out of the question. Yet we know that in many cases a return to arduous indoor work is simply asking for trouble.

We have referred several patients to the Distress Committee during the past year, and the Secretary (Mr. Larrad) has been successful in getting some of them light open-air occupations.

Applications for financial assistance from 26 patients were dealt with, and clothing, beds, splints, &c., granted where necessary. Seven received dental treatment. The total cost was £40 12s. 4d., as compared with £51 4s. 10½d. in 1926 and £71 1s. 9d. in 1925. Mr. Hincks' special knowledge in this direction has been of great value—in fact, without his help and encouragement our endeavours would have been much less successful.

A welcome gift of £10 received from a bedridden ex-serviceman (who desired that his name should remain anonymous) was added to the After-Care funds.

Thanks to the kindness of Canon Sturdee, we received a large number of toys, which were distributed by Miss Heaton and Miss Battle during the last Christmas to 100 of the poorer class children who attended the Dispensary. Needless to say, these were very much appreciated.

Need for Larger Premises.

The work at the Dispensary continues rapidly to increase. Each year the number of examinations and attendances far exceeds the previous one.

Office, waiting-room and laboratory accommodation are now totally inadequate.

More extensive premises are urgently required and in order that the Dispensary may be thoroughly up to date provision should be made for an X-ray Installation and rooms in which Light Treatment, &c., could be given.

It is earnestly hoped that something may be done in this direction in the near future.

WYVILLE S. THOMSON.

Report on the Isolation Hospital and Sanatorium for the Year 1927.

By H. STANLEY BANKS, M.A., M.B., ChB., D.P.H. (Camb.),
Medical Superintendent.

The number of cases of the different diseases admitted during the year is shown in Table A at the end of this report.

SCARLET FEVER.

Number of Discharges	..	..	..	318
„ „ Deaths	..	..	..	3
Death-rate per cent. of completed cases 0.94 per cent.				

Causes of Deaths.

Septic Scarlet Fever	..	..	..	2
Syphilitic Heart + Scarlet Fever	..	..	..	1

Double Infections on Admission.

Scarlet Fever and Whooping Cough	..	..	..	3
„ „ „ Measles	..	..	..	3
„ „ „ Mumps	..	..	..	1
„ „ „ Chickenpox	..	..	..	2
„ „ „ Influenza	..	..	..	1
„ „ „ Pulmonary Tuberculosis	..	..	..	2

Cross Infection of Scarlet Fever Wards.

In the second quarter of the year, measles was introduced into these wards and three cases occurred ; in the third quarter one case of diphtheria occurred ; and in the fourth quarter chickenpox was introduced, and eleven cases occurred.

Return Cases.

Only one verified "return case" was noted during the year. Several others are known to have occurred but did not seek admission to hospital.

Complications.

	No. of Cases.	Results.
Acute Nephritis	11	cured .. 10 (i.e., free from albuminuria).
Acute Suppurative Otitis Media ..	19	cured .. 16 (i.e., perforation healed: ears dry 7 days).
Chronic Suppurative Otitis Media .. (on admission)	2	ears dry .. 2
Acute Arthritis	8	cleared up .. 8
Nasal Discharge	33	cleared up .. 33
Acute Valvular Disease of Heart ..	2	persisted .. 2
Acute Pneumonia	3	cleared up .. —
Ringworm of Scalp	1	cured by X-Ray treatment .. 1
Various Septic conditions	20	cured 20
Active Rickets	3	cured by Ultra- Violet Light .. 3

Remarks on Special Treatment.

For acute nephritis, the electric radiant heat bath was employed, and, in addition, intensive alkali treatment was given. As an attempt at anticipating the onset of this condition, about 2,000 laboratory estimations of acidity of urine (pH value) were carried out, the object being to treat with alkali those whose acidity rose beyond a certain standard, say pH5. In very few cases, however, did this occur. In the comparatively mild type of Scarlet Fever prevailing, this prophylactic method did not appear to give results commensurate with the trouble involved.

In suppurative middle ear inflammation the ears were cleaned out thoroughly down to the drum once daily by the medical officer and at other times by the nursing staff, and this was followed by insufflation of boric powder. In all cases where the discharge persisted longer than two weeks, the middle ear was treated by zinc Sulphate Ionisation twice weekly until the discharge ceased. The drum of the ear was incised in one case, and tonsils and adenoids were removed in another case, as a means of clearing up the ear discharge. By these methods complete cure of the condition was effected in 16 out of 19 acute cases, and apparent cure in two chronic cases.

Acute arthritis cases yielded rapidly to treatment with large doses of alkali (Potass. Citrat. and Sod. Bicarb.). For persisting

nasal discharge, adenoids were removed in 3 cases, and the others yielded gradually to hygienic and open-air treatment.

For impetigo, ulcers, boils, superficial abscesses, and all skin septic conditions, the quartz mercury vapour lamp installed in these wards during the year proved a great boon. It was of great assistance in such cases and was also used with advantage, on occasion, as a general tonic.

Scarlatinal Anti-toxin.

28 cases judged to be of a severe type on admission were given injections of this new serum. The results were excellent and entirely justified the expenditure involved.

In Scarlet Fever there is not the same danger to life as in diphtheria (although the damage from complications may be great), and one, therefore, hesitated at first, on account of the expense, to use too freely the new remedy which science has put into our hands. Further experience of the serum, however, up to the time of writing, has made it quite clear that we have now got **an invaluable remedy for Scarlet Fever which, if used early in the disease, will abort it, will prevent complications, and greatly shorten the period of disability.** If an adequate dose of the serum is administered intravenously about the second day of the disease, a severely inflamed and swollen throat will clear up and the rash disappear in 12 to 24 hours, complications will be rare, and desquamation will be slight or absent. Consequently the period of infectivity will be cut short, and the duration of residence in hospital or of treatment at home can be shortened by at least a third, probably more. In face of these advantages the cost of an average dose of the serum, about £1 15s. 0d. per case, is negligible. If present indications of the value of the serum are borne out by further experience, our whole conception of the management of Scarlet Fever may be changed, and it is possible that in fewer cases will admission to hospital be necessary. As it is, we have been enabled to reduce the average duration of residence in the hospital during the past winter increasingly as the serum has been more and more used. The actual figures are as follows:—

Average duration of residence of cases discharged

During	1st quarter,	1927	..	..	52 days.
..	2nd	..	1927	..	48 ..
..	3rd	..	1927	..	44 ..
..	4th	..	1927	..	42 ..
..	1st	..	1928	..	36 ..
..	2nd	..	1928	..	27 ..

Taking even the **first** quarter of 1928, the average saving per case as compared with the corresponding period in 1927 thus works out at 16 patient days. Taking the average cost per patient day for the whole institution at 6'8, this represents on the 164 patients discharged a nominal saving of £875 for the first quarter of 1928.

The actual saving may not be quite so much since the average duration of residence in the first quarter of 1927 appears to have been abnormally high as compared with that of previous years. The duration of residence now attained is, however, the lowest on record, and there is therefore no doubt that a saving has been effected. In addition, the cases discharged are now practically all free from permanent disability resulting from complications of the disease.

DIPHTHERIA.

Number of Discharges (verified cases)	..	..	249
„ „ Deaths ( „ „ )	..	..	10
Death-rate per cent. of completed cases	3.8	per cent.	

Causes of Deaths.

Severe Toxic Diphtheria	..	..	..	3
„ „ „ (hæmorrhagic type)	..	..	..	3
„ „ „ (late paralysis of heart)	..	..	..	2
Diphtheria and Measles	..	..	..	2

Double Infections on Admission.

Diphtheria and Whooping Cough	..	..	..	2
„ „ Measles	..	..	..	6
„ „ Chickenpox	..	..	..	1
„ „ Influenza	..	..	..	1
„ „ Pulmonary Tuberculosis	..	..	..	1

Cross Infection of the Diphtheria Wards.

Measles was introduced into these wards on three separate occasions, by patients who, besides suffering from diphtheria, turned out to be in the incubation stage of measles also. Prompt isolation of these cases was carried out as soon as symptoms of measles appeared, with the result that cross-infections were limited to two cases.

Tracheotomy.

Recovered	..	..	..	..	..	2
Died 48 hours later	..	..	..	..	..	1
Died (Measles)	..	..	..	..	..	1

Post Diphtheritic Paralysis.

Heart (slight)	..	..	..	..	..	47
Heart (serious)	..	..	..	..	..	21
Palate	..	..	..	..	..	11
Eyes	..	..	..	..	..	5
Pharynx (swallowing)	..	..	..	..	..	1
Lower Limbs (slight)	..	..	..	..	numerous	
Other complications (albuminuria, &c.)	..	..	..	..	..	21

All complications cleared up completely except two heart cases which were fatal.

Persistent Positive Swabs (Convalescent Carriers).

Considerable trouble was experienced in the treatment of a number of cases from whom positive swabs were obtained for long periods after convalescence. In such cases, swabs were sent away for the virulence test, and, in the first instance, all were found to be virulent. Various methods of treatment were then carried out, according to the conditions present, e.g. :—

- (1) Injection of Toxin-Anti-toxin mixture ;
- (2) Local applications of Ultra-violet light to the tonsils ;
- (3) X-Ray treatment of the tonsils ;
- (4) Removal of tonsils by dissection or enucleation and removal of adenoids ;
- (5) Zinc Sulphate Ionisation of nose.

The most effective method appeared to be removal of tonsils and adenoids, and this has now become a routine procedure in persistent cases. During the year all these cases were ultimately discharged with two consecutive negative swabs, with the exception of one case in which the culture, though consistently positive and virulent at first, was ultimately proved by two tests to be non-virulent.

Remarks on Special Treatment.

A special experiment was commenced in April, 1927, with the object of attempting to reduce the serious mortality from diphtheria

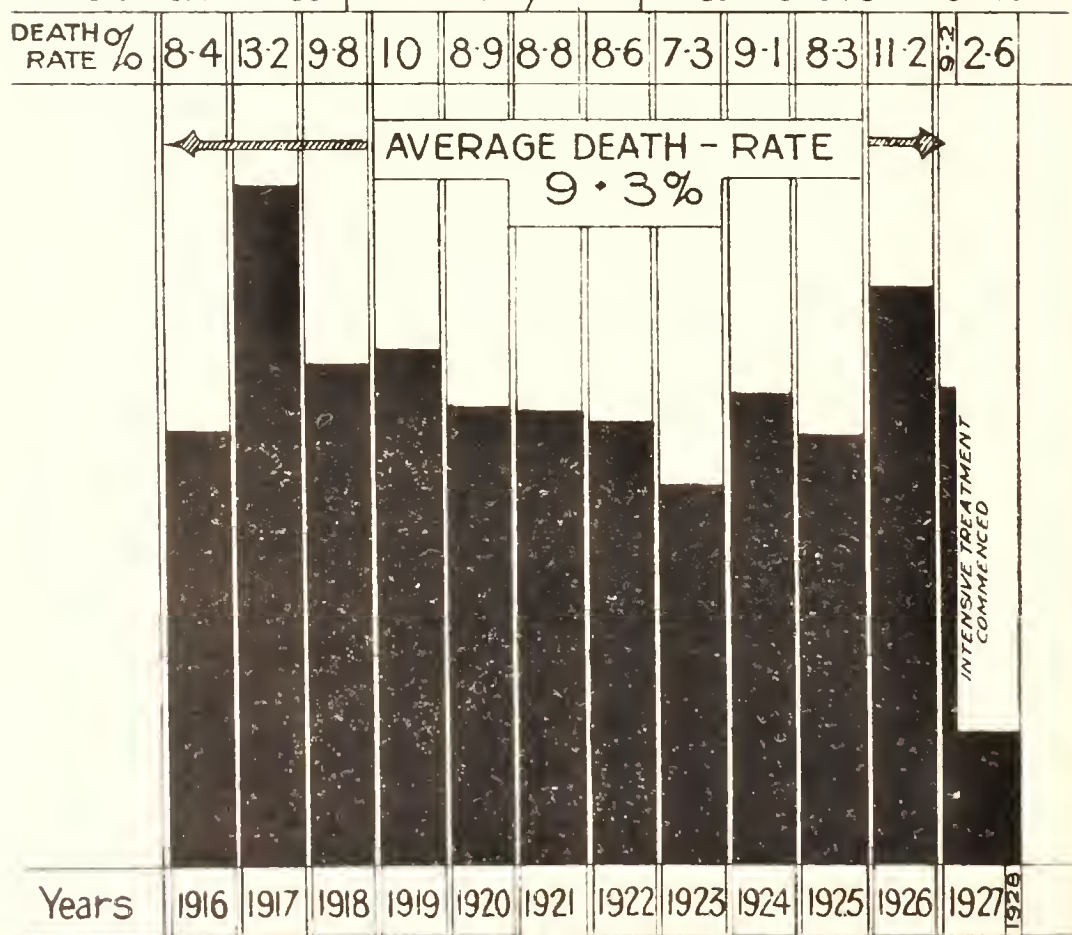
which has occurred in Leicester for many years. The procedure may be described as the intensive serum treatment of severe toxic diphtheria, and consists of the injection of anti-toxin intravenously, and to a lesser extent, intra-muscularly in doses many times greater than those usually given. In the period, 1st April, 1927, to 31st March, 1928, 27 very severe toxic cases were so treated, the average dose of anti-toxin for these being 71,000 units intravenously and 31,000 units intra-muscularly. Latterly, even greater doses have been given up to 250,000 units in suitable cases, and with excellent effect.

The success of the experiment may perhaps be judged by the reduction which has occurred in the death-rate for the period, viz., 2.6 per cent. as compared with an average of 9.3 per cent. over the previous 11 years. This is shown in the following diagram.

CITY OF LEICESTER ISOLATION HOSPITAL.

DIPHTHERIA.

Death-rate per cent of completed cases 1916-28.



The success obtained in bringing about rapid recovery in those severe toxic, and even hæmorrhagic cases, hitherto regarded as being hopeless, has been so striking that it is unthinkable that we can ever return to the smaller dosage, and it is evident that the usual teaching on dosage must be radically revised as regards such cases. A paper on the subject was read on 27th April, 1928, in London before the Fever Group of the Society of Medical Officers of Health, and the paper has been accepted for publication in the *Lancet*.

ENTERIC FEVER.

One case of true Enteric Fever, a woman of 28, was admitted and died of hæmorrhage from the bowel after 40 days' residence.

Two cases which turned out to be typical Paratyphoid B Fever, both young boys, were treated and recovered.

MEASLES.

Eight cases of Measles were admitted and all recovered. In addition, 3 cases of measles and pneumonia were treated. As is so common in these cases, all had definite signs of rickets. In two of the cases the signs of rickets were gross, and these two died. It should be emphasised that the deaths were not due entirely to measles, but chiefly to the debilitating effect of the underlying condition of rickets.

ERYSIPELAS.

Twenty cases of Erysipelas were admitted, 15 discharged and 2 died. All were treated with ultra-violet light. The results of this treatment were specially good in children, particularly in infants, where severe and extensive inflammation of the skin was rapidly checked. The two cases which died were elderly men with much damaged hearts and arteries and tissues generally. One of them died of pneumonia following Erysipelas.

CEREBRO-SPINAL FEVER.

Three genuine cases of this disease were admitted. They were treated with multivalent anti-meningococcal serum and all recovered without permanent damage.

PUERPERAL FEVER.

Only one case was admitted during the year. She was treated on the uterine drainage principle by intra-uterine injections of glycerin, and recovered.

POLIOMYELITIS.

The treatment of 11 cases remaining from the Leicester epidemic of 1926 was continued during the year on the lines described in last

year's Annual Report. Two cases dating from the same epidemic, which were under treatment elsewhere as out-patients, and required in-patient treatment were admitted, and treated for several months. In December, 1927, owing to pressure on our accommodation, all but three cases were discharged, and most of them attended for a time as out-patients. In March, 1928, the scheme of Orthopædic treatment, initiated in 1926 for these cases, was terminated.

The orthopædic treatment consisted of regular massage and electrical stimulation of affected muscles, correction of deformities by plaster and suitable splinting, and general tonic and hygienic treatment by exposure to air and sun, and to ultra-violet light from mercury-vapour lamps in winter. The results, in my opinion, amply justified the policy of prolonged in-patient treatment for acute poliomyelitis, from the earliest stage of the disease. It is a fatal mistake to allow those cases to develop deforming contractions and then attempt to correct them, by slow tedious measures which may extend over periods as long as five years. This is inevitable in many cases treated as out-patients. It was, I think, demonstrated that 6—18 months' in-patient treatment on orthopædic lines, immediately after the acute stage, was of enormous value in restoring function and preventing deformities, particularly where the lower limbs were paralysed. The experiment clearly indicated the policy which should be adopted, if possible, in any future outbreak.

The results in the 12 cases treated from the acute stage onwards were, briefly, as follows :—

- (1) None of them were deformed in any way, except for some wasting of the muscles involved.
- (2) Two, who were on admission, extensively paralysed, one who had complete paralysis of lower limb, and one who was very slightly affected, were, in all respects, so recovered as to be apparently normal persons.
- (3) Six who had paralysis of the lower limbs in varying degree, mostly severe, were walking well when discharged but would require to wear, for a time, surgical boots and appliances. These were supplied in the Institution.
- (4) One case of paralysis of the deltoid was much improved.
- (5) The remaining case, one of absolutely complete paralysis of one lower limb, from the gluteal muscles downwards, was the only case which did not respond to treatment.

OTHER INFECTIOUS DISEASES.

These included : measles and whooping cough 5 cases, and broncho-pneumonia 3 cases, admitted on account of adverse home circumstances ; mumps 7 cases, all nurses from the Royal Infirmary ; chickenpox 7 cases, from Anstey Lane Children's Hospital ; staff illnesses, e.g., pleurisy, scabies and injury to hand from an accident in the laundry ; acute oedema of larynx, acute bronchitis, and pneumococcal empyema admitted as cases of diphtheria ; appendicitis with peritonitis, and cellulitis of scalp, admitted as cases of scarlet fever ; ulcerative endo-carditis and cerebral hæmorrhage, admitted as pulmonary tuberculosis ; and one case in which the diagnosis was doubtful and provisionally labelled encephalitis lethargica.

Deaths in this group included : broncho-pneumonia 3 cases, and one case each of cerebral hæmorrhage, appendicitis, acute bronchitis, cellulitis of scalp, pneumococcal empyema and encephalitis lethargica.

TUBERCULOSIS.

Table D at the end of this report shows that the maximum number of beds available for the treatment of Tuberculosis was :—

Observation beds	..	..	..	5
Sanatorium beds for "early" pulmonary cases (adults)	..	..	..	60
Sanatorium beds for "early" pulmonary cases (children)	..	..	..	50
Hospital beds for advanced pulmonary cases	..	..	..	61
Beds for bone and joint tuberculosis	..			27
Total				203

The same Table shows that the actual number of patients at the beginning of the year was 147, that 579 were admitted, and that 160 remained under treatment on December 31st. All available beds for tuberculosis were continuously occupied throughout the year. At the end of each year the number of available beds is lower than that quoted above, as, in the middle of winter, a number of "verandah beds" are not in use. Further, the 20 beds in the cubicle hut (ex-Training Centre) for adult male pulmonary cases were closed last winter, owing to bug infestation ; and 12 beds

in Anstey Lane Children's Sanatorium were not available owing to the block being used at the end of the year for observation smallpox cases.

The classification of the cases and the results of treatment are shown in Table E. The classification of Pulmonary Tuberculosis is in accordance with the recommendation of the Ministry of Health, viz. :—

Class T.B. Minus, cases in which tubercle bacilli have never been demonstrated in the sputum.

T.B. + Group 1.—Cases with slight constitutional disturbance, if any.

„ **Group 2.**—All cases which cannot be placed in Groups 1 and 3.

„ **Group 3.**—Cases with profound systemic disturbance or constitutional deterioration; with marked impairment of function, either local or general, and with little or no prospect of recovery.

The results of treatment are given according to the Ministry of Health scheme, viz. :—

“ **Quiescent** ”—Cases which have no symptoms of tuberculosis and no signs of tuberculous disease, except such as are compatible with a completely healed lesion, and in which sputum, if present, is free from tubercle bacilli.

“ **Improved** ”—Cases short of “ quiescent ” in which the general health is fair and the symptoms of tuberculosis have materially diminished.

“ **No Material Improvement** ”—All other patients who are alive.

The salient features of Table E are :—

- (1) That no less than 355 cases out of 521 discharged were classified in the group T.B. Minus. This is partly accounted for by the attempt made during the year to discover and treat very early cases, as diagnosed after a period of observation in hospital, and by the aid of X-Rays. Most of these have no sputum, and must therefore be classified in this group. It should also be noted that 168 of this group were children, in whose case it is generally impossible to procure sputum for examination. Nevertheless, it must be admitted that the number of adults in the T.B. Minus Group (187) is too high. The figure should be materially reduced in future years by

the more adequate laboratory facilities for examination of sputum which are being provided. The hospital laboratory report shows that 332 specimens of sputum were examined for tubercle bacilli, but this number of examinations is evidently insufficient.

- (2) The vast majority of the pulmonary cases (316 in number) are classified as "improved" after treatment. Reference to the definition quoted above will show that these are regarded as still having active or slowly progressive disease on their discharge from the Institution. The comparatively short average period of treatment which our accommodation allows us to give cannot in many cases be expected to produce more than temporary improvement in the condition of patients. Their future progress depends very largely upon whether they are able to put in practice afterwards in their daily life, the principles which they have learned in the Sanatorium.
- (3) The length of treatment which it was possible to give exceeded 3 months in 70 adults and 60 children of the T.B. Minus Group, and exceeded 6 months in only 4 adults and 8 children belonging to this group.
- (4) All but 3 cases of non-pulmonary tuberculosis were "improved" or "quiescent" on discharge. These cases, on the whole, do very well, although their treatment is very prolonged.
- (5) **Observation for purpose of diagnosis.**

44 cases in whom the diagnosis was considered doubtful by the Tuberculosis Officer, were admitted for observation. These are generally difficult cases and require very careful and prolonged physical examination, careful recording of temperature and observation of symptoms, and one or more X-Ray examinations. It is, I think, well worth the trouble involved as only in this way can real "early" cases be discovered. The shortage of accommodation prevented us dealing with many more of these cases. 38 of the cases were finally classified as tuberculosis and treated in the sanatorium, 2 were considered to be non-tuberculous, and 4 doubtful.

New Features introduced in the treatment of Pulmonary Tuberculosis.

- (1) **Artificial Pneumothorax** has been done in four cases, all successful, and air replacement of pleural fluid in two. Air replacement of tuberculous pus in the pleural cavity was also done in one case with marked success.

Two cases in whom artificial pneumothorax was induced in private sanatoria have attended as out-patients at intervals of 2 to 4 weeks for refills.

The "refills" necessary for pneumothorax cases have added materially to the work of the medical staff, but it is felt that the results obtained have fully justified an extension of this form of treatment. One case, for example, with advanced cavitous disease in the right lung, and considerable recent disease in the left, had severe hæmorrhages within a few weeks of admission, and the outlook was exceedingly grave. The course of the disease was absolutely transformed by the performance of artificial pneumothorax on the right side, and he has just recently been discharged after 14 months in the Sanatorium, during most of which time he has been up and on the full working grade. He has rendered excellent service in the patients' workshop, and with care he should carry on with fair working capacity for a long time.

(2) **Sanocrysin.**

The gold treatment of pulmonary tuberculosis by intra-venous injections of sanocrysin, which, since the introduction of more moderate and better regulated dosage, is now being reported upon very favourably, has recently been commenced. Six cases are, at present, receiving this treatment. The cost of this treatment is approximately £3 10s. 0d. per course of injections, and two courses are generally necessary for each patient. The advantages are, that in the majority of cases the sputum becomes free from tubercle bacilli, and the patient is thus rendered non-infective. In certain cases the temperature also becomes normal and the patient's whole condition is greatly improved.

(3) **Ultra-Violet Light Treatment of Laryngeal Tuberculosis** locally, by means of quartz rod applicators employed with the air-cooled mercury vapour lamp has been carried out in 11 early and 4 advanced cases. The results obtained have not been considered sufficient to justify the considerable expenditure of time and energy required for this form of treatment.

(4) **Strict Sanatorium Routine** of graded rest, work or exercise, recreation and sleep, has been meticulously carried out. This has reacted on the management of the Institution in several ways. When a patient's temperature has been found to be above normal, even slightly, rest in bed has been insisted

upon until it has become normal, and for a few days thereafter. As soon as this principle began to be strictly carried out it was found that the amount of patient's labour available for routine ward duties, washing up, cleaning, polishing, &c., was somewhat reduced, and this necessitated some addition to the permanent nursing and domestic staff of the Sanatorium. Again, all leave was stopped, except in case of urgent domestic need, and this has certainly tended to make the patients realise that a strict way of life is of the utmost importance for their future well-being. It is remarkable that practically no difficulty has been found in enforcing this rule. The few disciplinary cases that have occurred have been dealt with promptly and strictly. The spirit amongst the patients has been remarkably good and has been inspired, chiefly by the devotion and determination of the staff, on the one hand, and the provision of interesting work on the other. Recreation and amusement have also played an important part.

(5) Patients' Work.

Considerable development of this department has taken place. Two workshops are now continuously occupied by patients during the day. The work of splint making for the cases of tuberculosis of bones and joints in Ward 9 has developed apace, and neatly-made, well-fitting surgical appliances of various kinds are now turned out by patients' labour under the guidance of the welfare supervisor. To enable the latter to meet the increasing demand for these appliances, a mechanical assistant is to be appointed. The making of cane-work trays, tea-pot stands, cake and fruit stands, tables, chairs, &c., has reached a fine art, and very fine specimens are being turned out by male and female patients. This part of the work is self-supporting, all profits going to a special fund which is used to provide new tools, appliances and further stock. The extent of the work done in this department may be judged by the total value of the articles sold, which amounted to £73 11s. 2d. for the six months ending May 31st, 1928.

(6) After Care.

So absorbing has this work become for most of the patients that there has been a demand for continuation of the instruction after leaving the Institution. Those who are unable to return to full work at their own occupation find it beneficial as well as profitable to make at home those articles

in cane and other material, the manufacture of which they have learned in the Sanatorium. For all such, an out-patients' class has been formed and meets once weekly, on Tuesday afternoons for females and Saturday mornings for males. In this class they continue their study of the craft, and receive assistance for finishing off the articles which they have made in part at home. This out-patients' class shows signs of developing into something of real value in connection with "after-care."

It has become obvious that light industrial work of the type mentioned above is of particular interest to patients from an industrial community such as Leicester. It is also well suited to the physical capacity of the majority of Sanatorium patients. Some, however, still find interest and profit in the outdoor agricultural pursuits of pig and poultry rearing and beekeeping. This section of the work has been maintained, and an addition has been made to it in the form of rabbit breeding for fur production. A number of Blue Beveren, Chinchilla and Angora rabbits have been bred and reared by patients.

(7) **Work for Advanced Cases.**

The work scheme has gradually been extended to patients with advanced pulmonary tuberculosis and bone and joint tuberculosis who are confined to bed. They are to be seen each day busily engaged up to their capacity in making light leather articles such as purses and handbags, or ornamental articles in bead or shell work, such as decorative butterflies, artificial flowers, &c. So great is the demand from these patients for material that wherever some preparation of the material is required, as in cutting out or "clicking" for leather goods, the welfare supervisor has great difficulty in making the supply meet the demand. The renewed interest in life which such occupation brings about is a cheerful, though at times, pathetic sight. This daily work, together with the wireless entertainment provided in the evening has had a tremendous effect in improving the morale of these wards, and in eliminating the "grouser."

SURGICAL TUBERCULOSIS.

29 cases were discharged during the year, 19 of these being cases of bone and joint disease. The treatment was on the conservative lines described in previous reports. A considerable number of minor surgical operations were carried out, and one

major operation (removal of part of sacrum and coccyx). Reliance was placed upon the strengthening of resistance to the disease from stimulation of the skin by air and sun, or ultra-violet light, and by general hygienic measures. Several new and improved forms of splints, chiefly based on Rollier's principles, have been designed and produced in the Institution.

Out-Patients :—Cases of bone and joint disease report at monthly intervals after their discharge, and advice is given as to the continued use of their surgical appliances.

Ultra-Violet Light Department (Ward 9) :—

Number of treatments given	..	..	2,970
„ cases treated	..	..	78

In Ward 9 (Surgical Tuberculosis) there is a Hanovia mercury vapour quartz lamp for general irradiation, and an air-cooled “ uviator ” lamp used for local treatment by means of quartz rods and lenses. Treatment by means of these lamps was given chiefly to cases of non-pulmonary tuberculosis in winter, general irradiation being given, as far as possible, twice or thrice weekly, and cases with discharging sinuses having local applications through quartz rods at their daily dressing. As the treatment under such conditions is so individual, it was impossible to give ultra-violet light to all non-pulmonary cases. Since these cases are nursed throughout the year on open verandahs, and have Sanatorium regime and hygiene, together with natural heliotherapy in summer, and, to some extent, ultra-violet light in winter, it is impossible to assign to each element of the treatment its proper share in the final result. We have, however, noted the following points :—

- (1) That some of those who do not receive ultra-violet light tend to fall off in condition during the winter ;
- (2) That both heliotherapy and ultra-violet light, the former particularly, maintain muscle tone wonderfully, and, except in severely ill cases, improve the general condition.
- (3) That superficial sinuses and scrofuloderma heal relatively rapidly (general within a few months).
- (4) That deep tracking sinuses from pelvis, spine and abdomen, especially in adults tend to remain unaffected, but if they can be fairly well opened up, and ultra-violet light applied deeply within them by means of quartz rod applicators, a good result may be obtained.
- (5) That multiple tuberculosis periostitis in young children do very well.

The following table gives the results of combined sanatorium, heliotherapy and ultra-violet light treatment in 28 cases who had 25—100 exposures to ultra-violet light over a period of 12—18 months :—

Site of Tuberculous Disease.	No. of Cases.	Local Disease Quiescent Sinuses healed.	Sinuses not healed.
Abdomen with Sinuses ..	3	—	3
Spine with Sinuses (Adults) ..	3	—	3
Multiple Bone Disease with Sinuses (Adults)	1	—	1
Multiple Bone Disease with Sinuses (Children)	5	5	—
Multiple Bone Diseases with Sinuses (recurrence) ..	1	1	—
Spine	1	1	—
Hip Joint	1	1	—
Hip Joint with Sinuses ..	1	1	—
Knee Joint	1	1	—
Knee Joint with Sinuses ..	2	2	—
Sternum and Ribs with Sinuses	2	2	—
Shoulder and Scapula with Sinuses	1	1	—
Cervical Adenitis with Skin Involvement	4	4	—
Tarsal Bones with Skin Involvement	1	1	—
Dactylitis with Sinuses ..	1	1	—
	—	—	—
	28	21	7
	—	—	—

These results are roughly similar to those obtained at the Finsen Institute, which reports an average of 68 per cent. cures for spine, hip and knee cases.

Ultra-violet light was also given to 6 children with pulmonary tuberculosis, and the results in 4 cases were good. In two cases the reaction was severe. It is evident that even in children cases of pulmonary tuberculosis must be selected for such treatment with great discrimination.

11 cases of laryngeal tuberculosis were treated twice weekly for several months with local ultra-violet light directly applied to the larynx by means of quartz rod applicators. This form of treatment has been discontinued.

A few members of the nursing staff who required tonic treatment in winter were given ultra-violet light baths from which they derived much benefit.

X-RAY DEPARTMENT.

Number of X-Ray films of lungs	..	352
.. .. other parts	..	175
Total in-patients	..	508
.. .. out-patients	..	33

All pulmonary cases admitted to the sanatorium blocks, and many admitted to the hospital blocks have their lungs X-rayed. This is an excellent check on physical signs as a means of determining the extent and nature of the disease present in any given case. It is an indispensable aid to the interpretation of physical signs in many obscure cases. It is essential for control in treatment by artificial pneumothorax and very desirable in sanocrysin-treated cases. Lastly, in observation or doubtful cases, an X-Ray photograph is necessary and often settles the diagnosis, although, in quite a number, the disease is so limited that it casts no clearly visible shadow.

X-Ray photographs of the affected parts in bone and joint disease are, of course, very valuable in determining the extent and activity of the disease. All such cases are X-rayed at intervals of a few months. The Potter-Bucky diaphragm provided during the year was of great assistance in clearly defining tuberculous disease of spine, hip and parts deeply embedded in muscle.

A limited amount of X-Ray treatment was done, e.g., of tonsils, in convalescent carriers of diphtheria, and of the scalp for ringworm.

HOSPITAL LABORATORY.

WORK DONE DURING 1927.

Nature of Specimen.	Total Number.	Result.	
		Positive.	Negative
Swabs for Diphtheria—			
(a) from Practitioners ..	945	152	793
(b) from Hospital Wards ..	755	167	588
Swabs for Vincent's Angina	1	1	—
Sputum for Tubercle Bacilli ..	332	134	198
Cerebro-Spinal Fluid ..	6	2	4
		(meningo-coccus.)	
Blood for Typhoid	11	3	8
Blood for Anæmia	3	—	—
Pleural Fluid	2	—	—
Swab from Os Uteri for gono-coccus	1	1	—

Urinary analysis was carried out in numerous cases in order to determine the following :—

albuminuria, presence of kidney casts and tubercle bacilli ;
acid ratio ; urinary calcium excretion.

pH value : (over 2,000 examinations).

This represents an increase of about 55 per cent. over the work done in the previous year.

The laboratory work, which had been somewhat difficult to overtake during the past year, should be much more expeditiously and satisfactorily accomplished in future with the help of the laboratory assistant who has just recently been appointed. There still remains, however, the urgent need of a larger laboratory.

Post Mortem Examinations.

Six of these examinations were carried out during the year. The post-mortem room is being fitted up so that these examinations can be performed more expeditiously. A post-mortem table, and the necessary fittings and equipment together with hot water supply are being provided.

STAFF.

The staff illnesses for which removal to the wards was necessary were only three in number, viz. :—

Diphtheria	..	..	..	1 Sister.
Pleurisy	..	..	..	1 Sister.
Scabies	..	..	..	1 Nurse.

Immunisation against Diphtheria.

Since the commencement in October, 1926, of the scheme of Schick testing for susceptibility to Diphtheria and Immunisation of those found to be susceptible, 69 of the nursing staff have voluntarily submitted to the test, 22 have been found to be Schick-positive, and 21 of these have been immunised with Toxin-anti-toxin mixture or, more recently, with Toxoid. No severe reactions to these injections or harmful results have been encountered. The use of Toxoid as the immunising material seems to be particularly innocuous.

The incidence of Diphtheria amongst the staff during this period of 1 year and 8 months has been only 1 case—that of a sister who had not been immunised. In contrast with this, the number of cases occurring amongst the staff during the 9 years, 1918–26, was 22, with 1 death.

This experience is in line with that of other Isolation Hospitals which have carried out the procedure, viz., the almost total abolition of Diphtheria amongst the nursing staff.

Medical Staff.

The senior assistant medical officer, Dr. George McCracken, resigned in May, 1928, to take up an appointment in the Palace Sanatorium, Montana, Switzerland. Dr. McCracken rendered valuable service particularly in the Diphtheria and Surgical Tuberculosis Wards. Dr. Archibald Ogg was appointed junior assistant medical officer in May, 1928.

Buildings and Equipment.

Very considerable alterations in the equipment and facilities provided in the wards have been carried out.

The infectious wards have been repainted according to a new scheme. The electric lighting has been completely reorganised so as to provide a portable light over each bed.

The heating system has been altered and extended. A vacuum suction pump, which has eliminated air-locks has been installed in the boiler house, and the number of radiators in the wards has been increased, thus cutting down greatly the number of fires required. Wash-hand basins have been installed in each infectious ward, and new wheeling beds and cots provided. New instruments, dressing wagons, donche stands, bedside lockers, and screens have been provided. These have enabled some economy to be effected in nurses' time, and have allowed them to carry out new and extended forms of treatment.

One of the bathrooms in the Diphtheria block has been fitted up as an operating theatre for tracheotomy, intra-venous injections, &c. Ultra-Violet Light Lamps have been installed in each infectious block.

Considerable structural alterations have been carried out in the Isolation block to provide for improved sluice-rooms, lavatory accommodation for the staff and means of communication between the various wards in the block.

An operating theatre in Ward 9 (Surgical Tuberculosis Section) has been completely fitted up, and an adjoining bathroom modified to form a sterilising annexe, with gas-heated equipment for sterilisation of water, instruments, trays and bowls.

Eight steam sterilising sinks have been provided in the kitchens of Wards 1 to 8. This has necessitated the running of a high pressure steam pipe direct from the boiler to each of the wards. These sterilisers have been found to be of immense service in the sterilising of dishes, and other materials. They are also utilised to keep plates and dinners hot and in many other ways. The consumption of

gas and coal in the wards has been reduced and labour greatly lessened by these means.

New X-Ray equipment has been provided, viz., a separate cable for the X-Ray apparatus, a Potter-Bucky diaphragm, a metallix X-Ray tube, new Viewing Desks, &c. The X-Ray work done, particularly in radiography of the chest, shows a great increase.

A new Ultra-Violet Light Department adjoining the X-Ray room is under construction and approaching completion. It provides a duty room, lavatory accommodation for staff and patients, a dressing room, a bathroom with two spray baths, and a light room in which will be installed Carbon Arc, Mercury Vapour, and Tungsten Arc Lamps.

The wooden buildings known as the Training Centre have been repainted and provided with new baths, new hot water supply and a drying room for patients' clothing. The verandah flooring, which was badly rotted, has been renewed. The twenty cubicles and the dining room hut are now utilised as an annexe to the Sanatorium block (Ward 10), and are under the management of the Sanatorium Sister. Patients who are fit are transferred to these cubicles in the later period of their course of treatment. New cases are not now admitted to these cubicles as a routine.

The hut which was formerly used as a Recreation Room for the Training Centre is now used as a second workshop for patients. All sanatorium patients use the large Recreation Room.

A Steam Sputum and Sputum-Pot Steriliser has been installed in the porters' room. The sputum pots are now collected daily from the wards, sterilised and returned.

New Steam Cooking Apparatus has been provided in the large kitchen. A new Hydro-Extractor, Washer and Wringing Machine have been provided in the laundry, and arrangements have been made for the installation of a continuous drying machine in place of the existing drying horses, and also of an electrically-driven gladiron. The amount of laundry work done has greatly increased. A new dispatch room and engineer's office have been added by the Hospital Staff to the laundry block.

New machinery has been installed in the Engineer's workshop. The engine room has been remodelled, new pumps installed, and new transformers and switchboard panels for the ultra-violet light apparatus provided.

A complete Wireless Installation, with an ear-phone provided to almost every bed, together with loud speakers in the recreation

rooms, has been most generously gifted by the Trades Council at a cost of approximately £400. This munificent gift has been appreciated by patients and staff beyond words to describe.

Five additional nurses' bedrooms have been provided by partitioning off the staff recreation hut. While this was necessitated owing to extreme shortage of nursing staff for the increased work done, it is regretted that the provision had to be made (in emergency) at the expense of the staff recreation room.

Grounds.

The main road has been remade in part, the side roads around the ward blocks have been bottomed with old street material, and covered with granite chips in part.

A new wrought iron fence has been erected along the Groby Road frontage in place of the old close-boarded fence which was very dilapidated. This has had the effect of opening up the hospital frontage to public view and may necessitate some levelling and trimming of the ground along this frontage. A golden privet hedge has been planted behind the fence throughout its length. The appearance of the hospital front has been distinctly improved by these means.

The fence around Anstey Lane Children's Hospital has been completed. A new footpath of access between the two hospitals has been constructed. The filter beds for sewage purification at Anstey Lane are being reconstructed.

Almost all the rough grass in the grounds has been levelled and brought under the motor mower. A new motor lawn mower has been purchased.

The stagnant pond at the back of the Sanatorium has been filled in and drained.

A new duct is being constructed to take heating pipes direct from the boiler house to the Sanatorium blocks. It is intended thus to replace the existing separate heating system in these blocks by central boiler heating, besides which the provision of steam sterilisers in these blocks will also be possible.

It is considered that the various new provisions detailed above will enable considerable economy of labour and material to be effected, having regard to the greatly increased amount of work which must be done if the standard of treatment and results now secured are to be maintained or further improved.

H. STANLEY BANKS.

June, 1928.

TABLE A.

Number of Patients Admitted, Discharged and Died during 1927.

DISEASE.	Remaining 31st December, 1926.	Admitted during Year.	Discharged during Year.	Died during Year.	Remaining 31st December, 1927
Scarlet Fever ..	41	344	318	3	64
Diphtheria ..	41	285	260	10	56
Enteric Fever ..	—	3	2	1	—
Measles ..	—	11	11	—	—
Erysipelas ..	1	20	15	2	4
Cerebro-Spinal Fever ..	—	3	2	—	1
Poliomyelitis ..	11	2	10	—	3
Puerperal Fever ..	—	1	1	—	—
Other Diseases ..	3	35	23	10	5
Tuberculosis :—					
Trainees ..	—	—	—	—	—
Adults ..	72	323	265	40	90
Surgical ..	24	33	28	1	28
Children ..	48	159	170	—	37
Discharged Soldiers ..	3	18	12	4	5
	—147	—533	—475	—45	—160
Total ..	244	1237	1117	71	293

TABLE B.

Patient Days.

			For 12 months ending Dec. 31st, 1927.	For 12 months ending March 31st, 1928.
Scarlet Fever .. .. .	..	..	14448	17548
Diphtheria .. .. .	..	..	12962	15733
Enteric Fever .. .. .	..	..	118	118
Measles .. .. .	..	..	341	269
Poliomyelitis .. .. .	..	..	2860	2146
Other Infectious Diseases ..	..	..	1392	1684
Tuberculosis :—				
Adults .. .. .	..	..	34114	35109
Discharged Soldiers ..	..	..	1435	1467
Children .. .. .	..	..	17041	16728
Surgical Cases .. .. .	..	..	10873	10723
Observation Cases .. .. .	..	..	555	632
			96139	102157

SUMMARY.

Infectious Diseases .. .. .	..	..	32121	37498
Tuberculosis .. .. .	..	..	64018	64659
Total			96139	102157

TABLE C.

City of Leicester.

ISOLATION HOSPITAL AND SANATORIUM.

Receipts and Payments during two years ending
31st March, 1928.

PAYMENTS.	Year 1926-27.			Year 1927-28.		
	£.	s.	d.	£.	s.	d.
Salaries and Wages	9484	9	8	10010	16	8
Provisions	7329	15	8	7810	17	2
Drugs, Medical Appliances, &c. .. .	1320	12	3	1571	9	5
Fuel, Light and Water	5301	18	11	4515	10	5
Furniture, Bedding and Linen .. .	726	4	0	1596	2	10
Crockery and Hardware	198	12	4	240	9	6
Uniforms and Dresses	203	16	1	267	7	5
Cleaning Materials	282	2	10	304	0	7
Laundry	388	4	11	434	12	3
Structural renewals, &c. (including wages)	2714	11	9	7734	5	0
Grounds, &c. (excluding wages) .. .	293	14	6	305	18	6
Transport (excluding wages) .. .	332	4	10	443	18	6
Printing, Stationery, Postage and Telephone	185	2	11	167	3	5
Rates and Insurance	1268	5	8	1398	17	4
Miscellaneous	491	7	3	342	12	3
Sanatorium School—Salaries, &c. ..	419	1	1	470	6	2
Occupational Treatment—Wages, Materials, &c.	507	1	1	514	15	6
X-Ray Supplies	265	14	6	321	18	3
Total Payments	31713	0	3	38451	1	2
Less Sale of Produce (including supplies from Garden, &c., to Institution) and Miscel- laneous Receipts	1025	12	3	1041	11	10
Net Payments for Maintenance .. .	30687	8	0	37409	9	4
Net Payments per Patient Day .. .	0	6	8	0	7	4
Receipts for Maintenance	44	2	0	17	10	0
*Net Cost (excluding Loan Charges) ..	£30643	6	0	£37391	19	4
Number of Patient Days	92,253			102,157		

*One half of the approved cost of treatment of tuberculosis patients is borne by the Government.

ALFRED RILEY,

City Treasurer.

31st May, 1928.

TABLE D.

As required by the Ministry of Health

1.—Average Number of Beds Available for Patients during the Year 1927.

	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total
		'Sanatorium' Beds	'Hospital' Beds	Disease of Bones and Joints	Other Conditions	
Adult Males ..	2	40	36	27	..	78
Adult Females ..	2	20	25		..	74
Children under 15	1	50	..		..	51
Total ..	5	110	61	27	..	203

2. Return showing the Extent of Residential Treatment during the Year 1927.

			In Institutions on Jan. 1	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31
Number of Patients	Adults.	M.	45	201	159	31	56
		F.	35	161	134	13	49
	Child-ren.	M.	33	101	98	1	35
		F.	34	72	86	..	20
Number of Observation Cases	Adults.	M.	..	27	27	..	..
		F.	..	16	16	..	..
	Child-ren.	M.	..	1	1	..	..
		F.	..	..	..	..	..
	Total		147	579	521	45	160

TABLE E. As required by the Ministry of Health
Results of Treatment.

Observation for purpose of diagnosis.	Classification on admission to the Institution	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL		
			Under 3 months.			3-6 months.			6-12 months.			More than 12 months.					
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.			
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	10	1	29	-	2	38	-	-	-	-	-	-	80		
		Improved	38	39	24	38	35	60	2	2	8	-	-	-	246		
		No material improvement ..	8	8	9	2	1	-	-	-	-	-	-	-	28		
		Died in Institution ..	1	-	-	-	-	-	-	-	-	-	-	-	1		
	Class T.B. plus Group 1.	Quiescent	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Improved	3	2	-	1	3	1	-	1	-	-	-	-	11		
		No material improvement ..	1	1	-	-	1	-	-	-	-	-	-	-	3		
		Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Class T.B. plus Group 2.	Quiescent	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Improved	8	1	-	17	7	1	2	1	-	-	-	-	37		
		No material improvement ..	2	2	-	1	1	-	-	-	-	-	-	-	6		
		Died in Institution ..	3	2	-	3	-	-	-	-	-	-	-	-	8		
	Class T.B. plus Group 3.	Quiescent	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Improved	4	2	-	3	9	-	2	3	-	-	-	-	23		
		No material improvement ..	8	2	-	3	2	-	-	-	-	-	-	-	15		
		Died in Institution ..	17	6	-	6	3	-	1	2	-	-	-	-	35		
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	Quiescent or Arrested ..	-	-	1	-	-	-	-	-	-	-	-	-	1		
		Improved	-	3	-	-	-	1	1	-	2	3	2	4	16		
		No material improvement ..	1	-	-	-	-	-	-	-	-	-	-	-	1		
		Died in Institution ..	-	-	-	-	-	-	-	-	1	-	-	-	1		
	Abdominal.	Quiescent or Arrested ..	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Improved	-	-	1	-	-	1	-	-	2	-	-	-	4		
		No material improvement ..	1	-	-	-	-	-	-	-	-	-	-	-	1		
		Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Other Organs.	Quiescent or Arrested ..	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Improved	-	1	-	-	1	1	-	-	-	-	-	-	3		
		No material improvement ..	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-		
	Peripheral Glands.	Quiescent or Arrested ..	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Improved	-	-	-	-	1	-	-	-	-	-	-	1	2		
		No material improvement ..	-	-	-	-	-	-	-	-	-	-	-	-	-		
		Died in Institution ..	-	-	-	-	-	-	-	-	-	-	-	-	-		
			Under 1 week.			1-2 weeks.			2-4 weeks.			More than 4 weeks.					
	Tuberulous		21	6	-	1	-	1	2	1	-	3	3	-	33		
	Non-tuberulous		-	-	-	-	-	-	-	1	-	-	1	-	2		
	Doubtful		1	2	-	-	-	-	-	-	-	-	1	-	4		
			566														

Report of the City Analyst

For the Year 1927.

During the year 1927 the total number of samples reported upon was 1,453, including 844 taken under the provisions of The Sale of Food and Drugs Acts, which latter number is equivalent to 3.4 samples per 1,000 of the City population.

Milk being a food of supreme importance, it is satisfactory to note that the quality tends to become of a higher grade; the samples are cleaner and preservatives are no longer employed.

42 of the samples were adulterated with water or were deficient in fat. The number of samples reported against exceeds the number of offenders as more than one milk may have been purchased from the same source of supply.

There is a tendency towards distributing agencies becoming fewer and larger trading concerns replacing small dealers.

247 milks bottled according to the Regulations of the Ministry of Health were examined bacteriologically and chemically.

		Total No. examined.	Passed as satis- factory.	Total count too high.	B. Coli too numerous.
Certified Milk	.. ..	50	31	8	15
Grade A Tuberculin Tested..		85	71	5	13
Grade A Milk	.. ..	103	90	10	17
Pasteurised Milk	.. ..	3	3	—	—
New Milk	.. ..	6	4	—	2
Total		247	199	23	47

Of 18 samples of butter examined, 14 contained Boric Acid. In future boric acid will not be permitted in cream or butter.

New and more stringent regulations, prohibiting the use of certain preservatives and colouring matters in articles of food, will necessitate a quick sale or the adoption of cold storage, and traders will no doubt adapt their methods of business to the new requirements.

Five samples of Potted Meat were examined and were found free from preservatives.

The necessity for trade standards is apparent, as the public are more likely to suffer from inferior qualities than from direct adulteration. Various trade associations are entering into agreements among themselves as to recognised trade standards or limits, and this desirable practice is extending. By a decision of the High Court "The Magistrate, in the absence of a fixed standard, must fix a minimum required." These legal definitions and trade agreements are in the best interests of the consumer.

Ambiguous and misleading labels and descriptions are no longer ignored, and the attention of the seller is called to cases where there is a discrepancy between statements made and facts revealed by analysis.

By continued observation and with the co-operation of traders a more satisfactory state of affairs will result.

The variety of articles tested is noticeable, and it might be desirable to limit attention from time to time to the examination of a larger number of certain selected articles of food.

Formalities required to be taken by vendors render it impracticable for an Inspector to purchase certain poisonous drugs under the Sale of Food and Drugs Acts, and dispensed medicines taken under Insurance Regulations are tested in group laboratories.

Other drugs not included in certain specified Poison Schedules are tested under Sale of Food and Drugs Acts.

Various Committees of the City Corporation have found it advantageous to make purchases on the results of Chemical Analyses, and new developments under the Fertilisers and Feeding Stuffs Acts will increase the work of the Chemical Laboratory.

57 samples of water were analysed and certain bacteriological examinations were made on behalf of the Water Works Department. A monthly analysis of rain waters was also carried out.

202 samples of Sewage and Sewage Effluents were reported upon; also 19 samples of River Waters.

It is obvious that the services of the laboratory can be advantageously and increasingly utilised. I am glad to bear testimony to the zeal and efficiency displayed by my assistant, Mr. F. C. Bullock, B.Sc., A.I.C.

S. F. BURFORD.

TABLE A.

Samples Analysed under the Food and Drugs Acts during 1927.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	Total.
Milk	90	92	137	174	493
Cream .. ..	..	..	12	..	12
Butter	18	..	7	..	25
Lard .. ..	..	..	..	6	6
Margarine .. ..	..	8	6	..	14
Cheese	12	..	..	..	12
Cocoa .. ..	..	..	..	6	6
Coffee .. ..	..	9	..	12	21
Coffee and Chicory Essence .. ..	..	..	..	3	3
Flour .. ..	..	..	12	..	12
Rice .. ..	..	6	..	5	11
Ground Rice .. ..	..	..	..	12	12
Mustard .. ..	..	..	..	3	3
Pepper .. ..	..	..	..	5	5
Ground Almonds .. ..	..	8	..	..	8
Ground Ginger .. ..	..	6	..	..	6
Dried Apricots	3	..	..	..	3
Honey	3	..	..	..	3
Confectionery .. ..	..	..	1	..	1
Chocolate Crèmes .. ..	..	6	..	..	6
Ice Cream .. ..	..	16	..	..	16
Ice Cream Powder .. ..	..	2	..	..	2
Sugar .. ..	..	..	..	5	5
Tea .. ..	..	..	7	5	12
Potted Meat	5	..	4	..	9
Sausage .. ..	..	..	4	..	4
Shredded Suet .. ..	..	..	6	..	6
Aerated Water .. ..	..	..	11	..	11
Bottled Stout	6	..	..	..	6
Spirits .. ..	..	..	..	13	13
Wine .. ..	..	..	..	6	6
Dispensed Medicines	6	..	..	6	12
Citric Acid .. ..	..	6	..	..	6
Tartaric Acid .. ..	..	6	..	..	6
Bicarbonate of Soda .. ..	..	..	6	..	6
Cream of Tartar .. ..	..	6	..	..	6
Bismuth Lozenges .. ..	..	..	..	4	4
Linseed, Liquorice and Chlo- dyne Lozenges .. ..	..	..	..	4	4
Oil of Eucalyptus .. ..	..	..	..	4	4
Olive Oil .. ..	..	6	..	..	6
Paregoric	6	..	..	..	6
Potassium Iodide .. ..	..	..	6	..	6
Tablets, Aspirin .. ..	..	..	..	2	2
.. Calomel .. ..	..	..	..	2	2
.. Phenacetin and Caffein .. ..	..	..	..	2	2
Ipecacuanha Wine .. ..	..	..	..	2	2
White Precipitate Ointment	6	..	..	..	6
Malt Vinegar	12	..	..	..	12
Total	167	177	219	281	844

REPORT OF CHIEF SANITARY INSPECTOR.

Staff.

The Inspection Staff at the end of the year consists of a Chief Inspector, a whole-time Meat Inspector, and fourteen District Sanitary Inspectors—a total of sixteen Inspectors for a population of 245,000, an average of between 15,000 and 16,000 population per Inspector. Many years ago the Local Government Board (now the Ministry of Health) gave it as their opinion that a Sanitary District with a population of 10,000 warranted the employment of a whole-time Sanitary Inspector. Since this opinion was expressed the legislature has placed very many more duties upon Sanitary Inspectors.

At the beginning of the financial year it was arranged to appoint an additional Inspector, and J. Eckersley, of Stoke-on Trent, was appointed.

In July the Sanitary Inspection Department took over from the City Surveyor's Department the supervision of the reconstruction of drains, and in consequence a further addition to the staff was made by appointing S. Beever, of Bradford, as a District Sanitary Inspector. The Health Committee made very wise selections, as I have found both officers to be thoroughly capable and efficient.

With the permission of the Health Committee, six Inspectors were allowed to attend a course on "The Production of Clean Milk" at the Midland Agricultural College, the Committee paying half the expenses of the course.

The whole of the Sanitary Inspectors attended a second year's course on "Smoke Abatement and Boiler Room Economics" at the Leicester College of Technology, the course starting in September and continuing for eight months. The course included practical work at the furnace door, and the carrying out of tests of boiler plants.

A third year's course is being arranged to start next September when more advanced matters will be treated, including the use of Pulverised Fuel for Steam Raising. Following upon the second year's course Inspector W. W. Baum obtained the Smoke Inspector's Diploma of the Royal Sanitary Institute.

Synopsis of Sanitary Inspection Work.

An "inspection" is the first visit made to premises.

A "re-inspection" is a visit made after notice has been served for the remedying of a defect.

	Inspections.	Re-inspections.	Total.
Re Accumulations	110	22	132
Re Animals, Poultry, Swine, &c. ..	43	10	53
Ashpits and Ashbins	140	82	222
Bakehouses—Factory	177	—	177
Non-Factory	108	—	108
Canal Boats	48	—	48
Cesspools	22	—	22
Closets—Water	484	216	700
Pails	—	—	—
Common Lodging Houses—Day ..	419	124	543
Night ..	—	—	—
Complaints Received	1775	3237	5012
Complaints Confirmed	1355	6041	7396
Cowsheds	108	—	108
Dairies, Milkshops and Milkstores ..	457	—	457
Dangerous Structures	65	16	81
Drains Inspected	17273	—	17273
" " Smoke Tests	3774	—	3774
" " Chemical Tests	1	—	1
" " Colour Tests	87	—	87
Entertainment Houses	17	—	17
Factories	130	—	130
Fish Frying Premises	76	—	76
Food Manufacturing Premises	132	—	132
Houses re Contagious Disease	619	—	619
Houses re Contagious Disease			
Enquiry	462	—	462
Houses re Disinfection	225	—	225
Housing Acts Houses	455	7142	7597
Houses Let in Lodgings—Day	4	—	4
Hotel and Restaurant Kitchens ..	11	—	11
Ice Cream Premises	98	—	98
Meetings with Owners or Tradesmen	2158	—	2158

	Inspections	Re-inspections	Total.
Offensive Trade Premises ..	46	—	46
Piggeries	20	—	20
Shops—Meat	1797	—	1797
Fish	113	—	113
Fruit	50	—	50
Schools	5	—	5
Slaughterhouses (not including Cattle Market group) ..	4888	—	4888
Smoke Observations	391	—	391
Special Interviews with Stokers, &c. ..	101	—	101
Special Visits	2874	—	2874
Sewers, &c.	2	—	2
Streets or Back Roads	6	—	6
Tips	11	—	11
Urinals—Public	62	—	62
Private	15	—	15
Van Dwellings	374	—	374
Wells	3	—	3
Workshops and Workplaces (ex- cluding Bakehouses) ..	296	—	296
Yards and Courts	242	78	320
Grand Totals ..	42129	16968	59097
Notices—Served ..	..	..	1864
Informal .. ..	..	..	167
Formal .. ..	..	..	1303
Complied with—Informal ..	..	..	159
Formal .. ..	..	..	847
Samples—Food and Drugs Acts ..	..	..	3
Water .. ..	..	..	235
Bacteriological .. ..	..	..	73
Milk for T.B. .. ..	..	..

CANAL BOATS.

The whole of the “available” boats on the register, viz., 50, are “Narrow” boats. 61 boats were inspected during the year; these were occupied by 85 males, 40 females, 30 children over 5 years and 19 under 5 years.

Contraventions were as follows:

Cabins dirty 3

These defects were remedied without legal proceedings.

Two new “Narrow” boats were registered.

DAIRIES AND COWSHEDS.

A number of improvements have been carried out to Cowshed premises under the provisions of the Milk and Dairies Order, 1926.

A higher standard is being applied when considering applications for registration as Purveyors of Milk. Many applications from keepers of small general shops have been refused, when a change in the tenancy has necessitated a fresh application being made.

One large dairy firm in the City has been enterprising enough to start bottling milk (ordinary milk) in half-pint bottles fitted with metal (crown) caps, and the small shopkeepers in the vicinity of the factories are stocking these half-pint bottles. This is a great convenience to the factory hand who requires only a small amount of milk daily.

DISINFECTION.

The total number of articles of clothing, bedding, &c., disinfected by steam during the year was 853. The number of houses or parts of houses disinfected was 1,621.

DRAINS.

Voluntary Cleansing of Stopped Drains by Health Department.

150 drains were attended to, and of these, 79 were unstopped immediately. In the remaining 71 cases the owners' attention had to be called to them.

ADMINISTRATION OF FACTORY AND WORKSHOP ACT, 1901.

In connection with Factories, Workshops, Workplaces and Home Work.

1.—Inspection of Factories, Workshops and Workplaces.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories	130	21	—
Workshops	296	6	—
Total	426	27	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects		Number of Prosecutions.
	Found.	Remedied.	
(1)	(2)	(3)	(4)
Nuisances under the Public Health Act :—			
Want of Cleanliness ..	15	14	—
Want of Ventilation ..	1	1	—
Overcrowding	—	—	—
Other Nuisances ..	6	5	—
Sanitary Accommodation			
Insufficient	17	15	—
Offences under the Factory and Workshops Act ..			
	—	—	—
Total	39	35	—

3. Home Work.

The number of lists received from employers was as follows :—

	Twice in the year.		Once in the year.	
	Lists.	Outworkers.	Lists.	Outworkers.
Wearing Apparel (making)	60	895	71	427

4.—Other Matters.

CLASS (1).

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of the Factory and Workshops Acts (S. 133, 1901)	None
--	----	----	----	----	------

Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshops Acts (S. 5, 1901)	Notified by	
	H.M. Inspector	38
	Reports (of action taken) sent to	
	H.M. Inspector	38

Underground Bakehouses (S. 101) in use at the end of the year 1

HOUSING.

See report, page 53, and Table 25.

Improvements to Houses.

	No. of Houses.
Separate internal water supply in place of taps in common yards	377
Additional water closets	236

Owners of property continue to raise the standard of convenience and amenity voluntarily, to the extent of providing houses with separate yards, separate water closets, sinks inside the houses with water taps over same, and clothes washing boilers inside the houses, where formerly these were either deficient or used in common.

Even if the expense of such work necessitates the raising of a mortgage on the property, at say 5 per cent. or 5.5 per cent. interest, an owner is allowed to increase the rents by 8 per cent. on the outlay.

I have been advocating for some time the installation of gas-heated clothes washing boilers in houses, rather than boilers set in brickwork, and I am pleased to find that a number have been put in some small cottages, and that a saving has been effected thereby.

LEGAL PROCEEDINGS.

Public Health Acts.

Unsound Food	1
For the abatement of nuisances	6
Smoke Nuisances	1
Contravention of Slaughter House Bye-Laws	0
Public Health (Meat) Regulations, 1924	9
Sale of Food and Drugs Acts	8

FOOD SUPPLIES—Supervision of.

The supervision of the City's food supplies is carried out by the Sanitary Inspection staff (all of whom are specially trained and qualified for the work) on their respective districts. Each Inspector is responsible for the private slaughter-houses in his district, and the inspection of our retail fish, fruit, and meat markets in turn during market days, viz., Wednesday, Friday, and Saturday.

The following Tables give particulars of foodstuffs voluntarily surrendered to the Inspectors and destroyed.

Tables F. and L. show the high incidence of disease among cows as compared with other beasts.

TABLE A.

			Tons.	Cwts.	Qrs.	Llbs.
Meat	..	..	51	17	1	8
Fish	..	..	33	12	3	27
Fruit	..	..	5	7	4	14
Vegetables	..	..	6	11	3	8
Rabbits	..	..	..	..	1,035	
Preserved Foods (Tinned Goods)	..				11,344	
Poultry	..	..	..		42	
Eggs	..	..	..		6,366	
Cheese	..	..	..	..	430 lbs.	

MEAT.

TABLE B.

Total weights of British and Imported Meat and Offal rejected, at various premises.

	British Meat.						Imported Meat.						British Offal.						Imported Offal.					
	Tons.			Qrs.			Cwts.			Qrs.			Lbs.			Tons.			Cwts., Qrs.			Lbs.		
	Tons.	Qrs.	Lbs.	Tons.	Qrs.	Lbs.	Tons.	Qrs.	Lbs.	Tons.	Qrs.	Lbs.	Tons.	Qrs.	Lbs.	Tons.	Qrs.	Lbs.	Tons.	Qrs.	Lbs.	Tons.	Qrs.	Lbs.
Shops	—	4	1	24	—	—	4	1	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Private Slaughterhouses	11	9	—	14	—	—	—	—	—	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—
Cattle Market ..	29	2	3	3	—	—	—	—	—	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Corporation Cold Stores	—	4	—	10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Retail Market ..	1	6	1	21	—	—	3	0	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wholesale Market .. (Imported)	—	—	—	—	—	—	1	13	2	12	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Railway Stations ..	—	8	2	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	42	15	2	2	—	—	2	1	0	23	6	18	0	5	—	—	—	—	—	—	—	—	—	—

TABLE C.

Total weights of Carcases, Parts of Carcases, and Offal, rejected for all diseases.

	Carcase.				Parts of Carcase.				Offal.				Total.			
	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Tuberculosis	14	9	2	15	2	3	0	15	2	4	1	17	18	17	0	19
Other defined Diseases	23	15	1	16	2	7	1	12	4	13	2	16	30	16	1	16
Total	38	5	0	3	4	10	1	27	6	18	0	5	49	13	2	7

TABLE D.

Total number of Carcases found affected, for various diseases.

Carcases affected with Tuberculosis.	Carcases affected with other defined diseases.	Total number of Carcases affected. (All diseases.)
300	681	981

Number of healthy Carcases examined not available.

TABLE E.

Number of Carcases showing evidence of Tuberculosis and number of entire Carcases rejected.

	Beasts.	Calves.	Sheep.	Lambs.	Pigs.	Total.
Number of Carcases affected	209	4	—	—	87	300
Number of entire Carcases rejected	56	4	—	—	13	73

TABLE F.
Total number of Carcases rejected for Tuberculosis and other defined diseases.

Disease.	Bulls.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total of all Carcases.
Tuberculosis ..	-	47	5	4	4	-	-	13	73
Other defined diseases ..	-	58	3	9	33	162	37	70	372
Totals ..	-	105	8	13	37	162	37	83	445

TABLE G.
Total number of all Carcases, parts of Carcases, and Offal, rejected for all diseases.

Disease.	Carcases.	Parts of Carcase.	Offals of Carcase.	Total number affected.
Tuberculosis ..	73	73	154	300
Other defined diseases ..	372	72	237	681
Totals ..	445	145	391	981

TABLE H.
Total number of Carcases, parts of Carcases and Offal condemned in :-

	Carcases	Parts of Carcase.	Offals of Carcase.	Total number affected
Corporat'n Slaughter Houses (including Co-operative Society Slaughter House at Cattle Market) ..	298	39	172	509
Private Slaughter Houses ..	115	45	193	353
Shops, Markets and other Premises ..	32	61	26	119
Totals ..	445	145	391	981

Tabulated List of other Diseases and their incidence in Carcases rejected.

Disease.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.		Pigs.	Total
Dropsy ..	..	..	..	..	70	12	..	3	128
Fevered, including :	..	..	..	..	21	4	..	1	39
Enteritis ..	5	—	—	5	1	—	..	2	5
Parturition ..	7	—	—	2	14	—	..	1	22
Pneumonia ..	2	—	1	—	5	2	..	2	12
Pleuritis ..	—	—	—	—	2	3	..	—	5
Pathological changes ..	—	—	—	—	1	—	..	—	1
Decomposed ..	1	—	1	4	6	7	..	5	24
Emaciated ..	1	—	1	2	14	2	..	2	22
Suffocation, including :—	1	—	—	—	6	1	..	36	44
Asphyxia ..	—	—	1	—	5	—	..	—	6
Dead Animals ..	1	—	—	—	4	—	..	—	5
Moribund ..	—	1	—	1	2	—	..	1	5
Immaturity ..	—	—	—	6	3	5	..	—	14
Damaged in transit ..	1	—	—	—	5	1	..	5	12
Septic condition, including :—	..	..	..	..	..	..	..	..	..
Gangrene ..	1	—	—	1	—	—	..	—	2
Septic Metritis ..	—	—	—	—	—	—	..	—	—
Septicæmia ..	1	—	—	1	1	—	..	2	5
Rickets ..	—	—	—	—	—	—	..	—	—
Physicked ..	2	—	1	—	—	—	..	—	3
Johnnes' Disease ..	5	—	—	—	—	—	..	—	5
Sarcoma ..	—	—	—	—	—	—	..	1	1
Swine Fever ..	—	—	—	—	—	—	..	—	—
Cholemia ..	1	—	—	1	2	—	..	2	6
Poisoning ..	1	—	1	—	—	—	..	—	2
Swine Erysipelas ..	—	—	—	—	—	—	..	4	4
Total ..	58	3	9	33	162	87	..	70	372

SAMPLING.

Sale of Food and Drugs Acts.

NUMBER OF SAMPLES TAKEN FOR CHEMICAL ANALYSIS.

1924	1925	1926	1927
355	532	686	847

There has been a considerable increase during the past four years in the number of samples taken for analysis.

Milk (Special Designations) Order, 1922.

NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION.

1924	1925	1926	1927
113	65	185	308

Milk and Dairies (Consolidation) Act, 1915.

(This Act came into operation on 1st Sept., 1925).

Number of samples of milk taken for Microscopical and Biological examination for Tubercle Bacilli.....73.

	Number of Samples taken.
Cowkeepers with registered premises within City boundaries (all City herds were dealt with first)	50
Cowkeepers with premises outside City boundaries	23
	73

As a result of the above examinations, a cow giving tubercular milk was discovered in each of two separate City herds.

These cases were dealt with under the Tuberculosis Order of 1925.

The animals were removed from the herds and slaughtered in the City. In one case the post mortem examination revealed generalised infection, and in the other case localised infection.

SLAUGHTERHOUSES.

During the year, two Registered Private Slaughterhouses were removed from the Register, reducing the number to 44. No compensation was paid in respect of them.

One Private Slaughterhouse was granted an annual licence.

One Knackers' Yard was granted an annual licence.

Particulars of all Slaughterhouses in the City.

Registered Private Slaughterhouses	44
Licensed Private Slaughterhouses (includes one Knackers' Yard)	2
Corporation Slaughterhouses situated at Cattle Market and let off as Private Slaughterhouses	18
Total Slaughterhouses	64

SMOKE ABATEMENT.

Action taken re smoke nuisances :—

Observations taken of chimney stacks	391
Chimneys reported for causing nuisance	29
Cautions by Inspectors	13
Interviews of Engineers or Stokers by Inspectors	10
Informal Notices or Letters sent	14
Chimneys reported to Health Committee	12
Prosecutions	1

MEAT REGULATIONS, 1924.

It has been necessary to take action against a number of shopkeepers—butchers and grocers—for allowing meat to become contaminated. In each case the front of the shop was open to the roadway, or a movable glass window was not in position. In several of the cases the summonses were withdrawn on payment of costs after fixed plate-glass windows had been fitted to the shop fronts.

Since the above regulations came into force, the Department has been instrumental in getting new shop fronts put in (fixed plate-glass windows in almost every case) at 37 different premises in the City.

The sale of meat from the 50 or 60 butchers stalls in the Corporation Open Market is very unsatisfactory. It will be much easier to persuade shopkeepers to alter their shop fronts and make them up-to-date when the butchers' stalls in the Open Market are moved into a proper Covered Market.

LEGAL PROCEEDINGS.

Acts, Byelaws or Regulations under which proceedings were instituted.	Default or Offence.	Result	Fine £ s. d.	Costs. £ s. d.
Leicester Improvement, Drainage and Markets Act, 1868 (Regulations)	Excessive smoke emitted from factory chimney.	Conviction. Firm fined .. Stoker „ ..	2 0 0 0 10 0	—
Public Health (Meat) Regulations, 1924 Part v.	Failure to prevent contamination of meat by dust. Butcher's shop.	Conviction.	1 0 0	12 0
Ditto, Part v.	Ditto	Adjourned for 2 months. Case withdrawn.	—	—
Ditto, Part v.	Ditto	Ditto	—	—
Ditto, Part v.	Failure to prevent contamination of foodstuffs by dust. Grocer's shop.	Summons against firm dismissed ; manager fined	5 0 0	—
Ditto, Part v.	Ditto	Conviction.	10 0 0	—
Ditto, Part vi.	For conveying meat in a vehicle without a proper cover and allowing the meat to become contaminated.	Conviction. Manager fined .. Assistant „ ..	1 0 0 1 0 0	—
Ditto, Part ii.	Failure to notify Authority of intention to slaughter.	Conviction.	10 0	5 0
Ditto, Part ii.	Ditto	Case dismissed on payment of costs.	—	5 0
Ditto, Part ii.	Ditto	Conviction.	2 0 0	—

LEGAL PROCEEDINGS - Continued.

Acts, Bye-laws or Regulations under which proceedings were instituted.	Default or Offence.	Result	Fine £ s. d.	Costs £ s. d.
Public Health Acts	Failure to comply with notice to abate a nuisance caused by van dwellers.	Case adjourned on first hearing for one month. Further adjourned for five days. Order made by Court for removal of vans, sheds, &c., from land within 7 days, and £3 3s. 0d. special costs allowed.	—	3 3 0
Ditto	Failure to abate nuisance arising from defective drains.	Case adjourned for one month. Withdrawn on payment of costs.	—	5 0
Ditto	A ditto B ditto C ditto D ditto	Case adjourned for three weeks. Withdrawn on payment of costs. Owner 'A' to pay costs of cases A, B, C and D.	—	1 0 0
Ditto	Ditto	Case withdrawn on payment of costs. Nuisance abated.	—	1 2 0
Ditto	Failure of owner to provide ashbin.	Case withdrawn on payment of costs.	—	5 0

LEGAL PROCEEDINGS—Continued.

Acts, Bye-laws or Regulations under which proceedings were instituted.	Default or Offence.	Result	Fines £ s. d.	Costs. £ s. d.
Public Health Acts	Failure of owner to provide ashbin.	Ashbin provided by Corporation.	10 0	5 0
Ditto	Carcase of a dropsical cow deposited in a Knacker's Yard; alleged intended for the food of man.	Case dismissed.	—	—
Sale of Food and Drugs Acts.	Selling butter containing an excess of water.	Conviction.	2 0 0	—
Ditto	Selling ordinary vinegar—not malt vinegar—as demanded.	Ditto	10 0	—
Ditto	Ditto	Ditto	10 0	—
Ditto	Ditto	Case dismissed.	—	—
Ditto	Ditto	Conviction.	5 0	5 0
Ditto	Selling a mixture of coffee and chicory as coffee.	Ditto	1 0 0	—
Ditto	Selling adulterated milk 17 per cent. added water.	Case dismissed. (Case taken in County area against a cowman seen adding water).	—	—
Ditto	Selling milk with a deficiency of 37 per cent. fat.	Conviction.	2 0 0	—

Reports of the V.D. Medical Officers.

1. Report on the Male V.D. Clinic.

By H. J. BLAKESLEY, F.R.C.S.

I beg to report on the work of the Male Venereal Clinic at the Royal Infirmary, under your control and that of the Ministry of Health, for the year ending December 31st, 1927.

During this period, 578 patients presented themselves for diagnosis and treatment. By clinical examination, 137 were apparently suffering from syphilis and 441 from gonorrhœa. Of these, 7 patients were proved to be suffering from both acute gonorrhœa and syphilis. 129, after repeated clinical and pathological examination, were found to be non-venereal; 87 having been suspected of suffering from gonorrhœa and 42 from syphilis.

435 were City patients; 143 were County patients.

15,453 attendances were made by patients on the books; of these 3,899 were treated for syphilis, 11,554 for gonorrhœa. 13,360 were City patients, and 2,093 County patients. 5,013 of these attendances were at times other than when the clinic was in session, for irrigations and other intermediate treatment. 4,655 attendances were by City patients, and 358 by County patients.

In every case treated, the blood and discharges were submitted for pathological and bacteriological tests for the purposes of diagnosis, aid to treatment, evidence of progress, and proof of recovery. The cerebro-spinal fluid in many cases of neurosyphilis was submitted to Wassermann or other tests.

To patients suffering from syphilis, 1,935 intravenous or intramuscular injections of Salvarsan substitutes, and 636 muscular injections of mercurial cream, were administered; 2,092 for City patients and 479 for County patients.

To patients suffering from gonorrhœa, 10,631 intraurethral irrigations, anterior and posterior, were given, and instrumentation, instillation, vaccines, prostatic and urethral massage were practised as necessary treatment in a large number of these cases.

In-Patients.

83 patients were admitted to the wards, 48 being City and 35 being County patients ; 21 were highly infectious ; 15 cases acute epididymitis, 8 on admission, and 7 arose in course of treatment ; 7 gonorrhœal rheumatism ; 5 acute prostatitis ; 2 perineal abscess ; 2 gonorrhœal ophthalmia ; 6 cases of stricture of urethra with retention of urine—all the result of old gonorrhœa insufficiently treated ; 2 boys under 12 years of age with gonorrhœa ; 1 infective endocarditis complicating acute gonorrhœa ; 12 cases of chronic syphilis were admitted, suffering from this disease of the brain and spinal cord, the heart and blood vessels, the tongue, the eyes, and syphilitic tumor (gunma of scalp, tongue and thigh). One case of jaundice was admitted, but no case of arsenical dermatitis. One death occurred from acute septicæmia of a tramp, age 60, who was admitted with acute gonorrhœa, perineal abscess, old stricture of urethra and chronic syphilis. 35 operations were performed in the wards during the year.

Results.

The number of patients who ceased attendance before completing the first course of treatment were :—

Syphilis	..	..	..	19
Gonorrhœa	..	..	..	57

Who ceased attendance after completing one or more courses, before completion of treatment necessary :—

Syphilis	..	..	..	25
Gonorrhœa	..	..	..	43

Who ceased attendance after completion of treatment, but failed to submit themselves to final tests :—

Syphilis	..	..	..	28
Gonorrhœa	..	..	..	60

Transferred to other clinics :—

Syphilis	..	..	..	12
Gonorrhœa	..	..	..	29

Those who completed treatment and submitted themselves to repeated tests, and were clinically and pathologically proved to be cured :—

Syphilis	..	..	..	21
Gonorrhœa	..	..	..	146

The patients described as cured are submitted to exhaustive tests, in accord with the rules laid down by the Ministry of Health.

Points of Material Interest.

There has been a considerable increase in the number of patients believing themselves to be suffering from gonorrhoea, but only a slight increase in the number proved to be suffering from the disease ; the same number of patients believing themselves suffering from syphilis, but there is a slight decrease of those actually suffering from this disease.

It is highly satisfactory to note that a great increase of those suspecting themselves should have come to the clinic to find that they are free from evidences of either of these diseases.

Every effort has been made to persuade and encourage patients to persist in their attendances for treatment, until all symptoms have disappeared and the necessary tests have been made to prove their cure complete.

Dr. Seymour, the Inspector from the Ministry of Health, has paid one official visit, and Dr. Millard, the City Medical Officer of Health, has paid three such visits of inspection.

The Board of Governors of the Royal Infirmary have afforded me every assistance and facility for the efficient working of the clinic, and a new in-patient department for venereal diseases is in progress of construction.

My thanks are due to my medical and lay helpers for their their zealous and loyal support in the conduct of the Clinic.

HENRY J. BLAKESLEY, F.R.C.S. (Eng.).

Medical Officer in Charge.

January 31st, 1928.

2. Report on the Venereal Disease Clinic for Women at the Royal Infirmary, 1927.

The number of patients seen for the first time was 371, viz. :—

115 suffering from syphilis ;
125 „ „ gonorrhœa ;
131 showing no sign of venereal disease.

The last category includes all cases examined as contacts, viz. :—

(a) Children of infected mothers.

All infected mothers are encouraged to bring their children for examination, and are doing so more frequently.

(b) Mothers of infected children.

In every case (except one) of acute gonorrhœal infection in a child some infected adult has been found living in the same house. The number of cases of gonorrhœal vulvitis in children during the year has been 15.

(c) Wives of infected husbands.

More than twice as many wives have presented themselves for examination this year, the number being about 50.

(d) Babies of women treated during pregnancy and born in the V.D. Ward.

Amongst the cases classed as new patients are 35 old cases who have returned and been given new numbers.

The number of City patients examined for the first time was 253.

Out-Patients.

The total attendances of all patients was 7,633, viz. :—

6,394 at the Clinics seen by the Medical Officer.
1,239 at other times for prescribed treatment.

Attendances of City patients numbered 5,410.

Of these, 2,672 attended for syphilis ;
2,723 „ „ gonorrhœa ;
15 were not suffering from venereal disease.

Syphilis.

Treatment has been by injections, by drugs given by mouth and by inunction. The chief drug used is neokharsivan, administered intravenously. This is given practically to all adults, and also to children whenever the intravenous method can be used.

Other preparations employed have been sulfarsenol, bismuth (hypoloid), thiostab, and intramine. These have been given by the intramuscular method.

The aggregate number of injections given at all the Clinics male and female was 3,728, and of these 1,097 were given to female patients from the City. Mercury, potassium iodide, or bismuth have been given by mouth.

Gonorrhœa.

During 1927 more cases of gonorrhœa were treated. Treatment has generally been by :—

- (a) Local disinfection, dressings, tampons, douches, or pessaries;
- (b) Tonics, especially iron or cod-liver oil emulsion ;
- (c) Alkalies, in early cases.

The length of treatment has varied according to the individual case. Three definite courses of disinfection are given with intervals between each one, and no case has been advised to discontinue attendance until three negative pathological tests have been taken and clinical signs and symptoms have disappeared.

15 cases of gonorrhœal urethritis were treated by washing out of the bladder with weak silver nitrate solution, with considerable success.

In-Patients.

129 cases were admitted to the V.D. Ward, 72 being from the City. Of these 38 were suffering from syphilis and 34 from gonorrhœa. Five cases of abdominal operation were performed for serious complications of gonorrhœa.

Five cases required dilatation and curettage for chronic endometritis after long treatment for gonorrhœa. All these have done well and are being watched at intervals. Six cases of abscess of Bartholine's gland were opened under anæsthesia. Eleven cases of salpingitis subsided with rest and treatment without operation. There were also two cases of acute gonorrhœal rheumatism, two cases of jaundice, three cases of primary sore, and seven children with acute vulvo vaginitis under the age of nine years. One case of ophthalmia neonatorum was admitted. Ten confinements have taken place in the Ward.

The total number of in-patient days has been 2,217, including 1,071 for City patients. The number of cases discharged after completion of treatment was 171.

BESSIE W. SYMINGTON, M.D., B.S. (Lond.).

3. Report of the Clinic for Venereal Diseases at St. Mary's Home, 1927.

This department is carried on at 1 Ashleigh Road, Narborough Road, and is reserved entirely for unmarried girls.

The work is carried on in three parts :—

- (1) Work in the Hostel containing nine beds ;
- (2) Work at the Weekly Clinics ;
- (3) Work every day carried on by the Sister-in-Charge according to prescription.

The total number of new cases during the year has been 64 together with 7 babies.

1.—Hostel.

The total number of patient days was :—

- (a) girls, 2,555 ; and (b) babies, 483.

The number of new cases admitted from the City was 17, together with four babies, the number of patient-days being :—

- (a) girls, 1,409 ; and (b) babies, 267.

Of the new City cases, fifteen have been treated for gonorrhœa. One has been treated for syphilis and gonorrhœa. One showed no signs of venereal disease. Of these cases 14 were sent by doctors for diagnosis and were transferred from the Clinic at the Royal Infirmary.

Four City girls suffering from gonorrhœa were confined at the Royal Infirmary and returned with their babies to the Hostel after two weeks. On being discharged from the Hostel as in-patients, cases are transferred to the Out-Patient Clinic or to other Clinics.

2.—Weekly Clinics.

These are held on Thursday evenings. They are attended by patients discharged from the Hostel, and also by young girls (under 23 years) transferred from the Royal Infirmary Clinics.

The total number of new out-patients was 26, and the number of attendances (City cases) 1,211. The number of injections for syphilis given during the year was 54.

3.—The work carried on every day by the Sister-in-Charge has increased and 370 intermediate attendances have been made during the year. This does not include a number of visits paid by the girls for advice and sympathy. The babies are all well and are brought up at intervals for inspection.

BESSIE W. SYMINGTON, M.D., B.S. (Lond.).

APPENDIX VI.



STATISTICAL TABLES.

TABLE 1.
MUNICIPAL WARDS. VITAL STATISTICS, 1927.

WARD. (1)	No. of Inhabited Tenements, July, 1927. (2)	Estimated Population, July, 1927. (3)	No. of Persons per Tenement, Census, 1921. (4)	Births (corrected). (5)	Deaths. (6)	Deaths under 1 year. (7)
1. St. Martin's ..	552	2,219	4.02	38	28	5
2. Newton ..	2,147	8,910	4.15	149	137	21
3. St. Margaret's ..	3,115	13,051	4.19	281	199	29
4. Wyggeston ..	3,544	15,380	4.34	350	277	43
5. Latimer ..	3,820	17,724	4.64	283	233	25
6. Charnwood ..	1,964	8,209	4.18	109	120	4
7. Wycliffe ..	2,764	11,056	4.00	118	191	10
8. De Montfort ..	1,684	7,325	4.35	56	90	5
9. The Castle ..	3,162	13,343	4.22	180	168	10
10. Westcotes ..	6,410	25,960	4.05	305	310	18
11. The Abbey ..	4,889	22,538	4.61	314	223	27
12. Belgrave ..	4,231	18,320	4.33	303	176	12
13. West Humberstone ..	5,108	23,905	4.68	396	215	23
14. Spinney Hill ..	6,842	28,873	4.22	385	298	19
15. Knighton ..	4,694	18,259	3.89	175	162	9
16. Aylestone ..	4,928	23,063	4.68	459	217	42

TABLE 2.

MUNICIPAL WARDS. VITAL STATISTICS, 1927.

WARD.	Birth-rate.	Death-rate.	Infant Mortality.	Zymotic rate.	Phthisis rate.	Average Phthisis Rate, Years 1912-21.	Average Phthisis Rate, Years 1922-27.
1. St. Martin's ..	17.1	12.6	132	0.90	0.45	1.34	1.38
2. Newton ..	16.7	15.3	141	0.89	1.57	1.77	1.54
3. St. Margaret's ..	21.5	15.2	103	0.53	1.45	1.87	1.54
4. Wyggeston ..	22.7	18.0	123	0.84	1.95	1.77	2.21
5. Latimer ..	15.9	13.1	88	0.39	1.74	1.55	1.39
6. Charnwood ..	13.3	14.6	37	0.24	1.46	1.46	1.32
7. Wycliffe ..	10.7	17.2	85	0.45	0.63	1.19	1.02
8. De Montfort ..	7.6	12.2	89	0.54	0.95	0.76	0.74
9. The Castle ..	13.5	12.5	55	0.37	1.19	1.11	1.53
10. Westcotes ..	11.7	11.9	59	0.53	1.15	0.99	0.97
11. The Abbey ..	13.9	9.8	86	0.53	0.97	1.22	1.11
12. Belgrave ..	16.5	9.6	40	0.60	0.65	1.11	0.96
13. West Humberstone ..	16.5	8.9	58	0.50	0.87	1.52	1.13
14. Spinney Hill ..	13.3	10.3	49	0.38	0.96	0.92	0.93
15. Knighton ..	9.6	8.8	51	0.49	0.54	0.60	0.69
16. Aylestone ..	19.9	9.4	92	0.60	0.86	0.87	0.89

TABLE 3.
Deaths in each Ward, classified for Age and Cause, 1927.

WARD.	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
		0 to 1 year.	1 to 5.	5 to 60.	Over 60 years.	Total all ages.	Influenza.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid Fever.	Other Zymotics.	Total.	Diarrhoea.	Phthisis.	Respiratory Diseases.	Developmental Disease.	Cancer.	Total.
1. St. Martin's	5	..	10	13	28	..	..	..	2	..	..	..	2	..	1	2	20	3	28
2. Newton	21	9	48	59	137	2	1	..	3	1	..	1	8	2	14	24	77	12	137
3. St. Margaret's	29	18	63	89	199	..	1	..	5	..	..	1	7	5	19	38	115	15	199
4. Wyggeston	43	23	92	119	277	..	4	..	1	1	..	5	13	5	30	58	144	27	277
5. Latimer	25	15	93	100	233	2	2	..	2	1	..	..	7	2	31	39	134	20	233
6. Chamwood	4	5	42	69	120	1	..	..	..	..	..	1	2	..	12	9	79	18	120
7. Wycliffe	10	3	42	136	191	2	..	2	..	..	..	1	5	1	7	21	135	22	191
8. De Montfort	5	4	23	58	90	4	..	..	..	..	..	..	4	..	7	16	54	9	90
9. The Castle	10	10	53	95	168	2	..	..	2	1	..	..	5	1	16	25	106	15	168
10. Westcotes	18	10	107	175	310	8	..	..	1	2	..	3	14	..	30	35	191	40	310
11. The Abbey	27	12	86	98	223	5	1	..	3	3	..	..	12	2	22	27	130	30	223
12. Belgrave	12	11	67	86	176	3	2	..	2	1	..	3	11	1	12	28	103	21	176
13. West Humberstone	23	18	74	100	215	2	6	..	2	1	..	1	12	1	21	40	123	18	215
14. Spinney Hill	19	10	112	157	298	7	1	..	2	..	..	1	11	1	28	37	184	37	298
15. Knighton	9	2	60	91	162	7	..	..	..	..	..	2	9	..	10	13	106	24	162
16. Aylestone	42	15	74	86	217	7	..	..	4	..	1	2	14	1	20	34	131	17	217
Infirmary	31	24	187	60	302	..	..	..	1	..	..	3	4	2	5	32	237	22	302
Poor Law Infirmary	40	28	148	334	550	..	2	..	5	..	..	6	13	17	57	55	340	68	550
City Mental	17	30	47	1	..	..	..	..	..	..	1	..	3	9	32	2	47
Isolation Hospital	1	13	49	3	66	..	2	2	1	10	1	4	20	..	42	2	2	..	66

Deaths in Institutions have been subtracted from the Wards in which the Institutions are situated ; and (except in the case of the Workhouse and Mental Hosp.) have been distributed to the Wards to which they belong. Deaths of persons transferred from the Workhouse to the Poor Law Infirmary, however, have not been distributed, as the home addresses of such persons are not obtainable.

TABLE 4.
(As required by Ministry of Health).

TUBERCULOSIS.

NOTIFICATIONS ON FORM A.

No. of Primary Notifications.

Age Periods.	Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.
0—1	1	—	2	—
1—5	14	8	9	7
5—10	63	40	13	7
10—15	35	28	1	7
15—20	29	29	1	6
20—25	38	52	5	1
25—35	71	69	5	2
35—45	40	44	—	3
45—55	43	23	1	3
55—65	19	6	1	1
65 and upwards ..	6	7	1	—
Total Primary Notifications	359	306	39	37
Total Notifications on Form A.	403	356	44	41

NOTIFICATIONS ON FORM B.

Under 5	—	—	—	—
5—10	—	2	—	—
10—15	4	1	—	1
Total Primary Notifications	4	3	—	1
Total Notifications on Form B.	5	4	—	1

NUMBER OF NOTIFICATIONS ON FORM C.

Poor Law Institutions	6	—	—	—
Sanatoria	21	21	—	—
	(290)	(219)	(14)	(18)

The total number of fresh cases notified during 1927 on Forms A. and B., excluding cases previously notified, was:—

Pulmonary	700
Non-Pulmonary	80
Total	780

TABLE 4a.

TUBERCULOSIS CASES.

Supplemental Return.

Age Periods.			Pulmonary.		Non-Pulmonary.	
			Males.	Females	Males.	Females.
0—1	..	..	1	1	3	2
1—5	..	..	2	2	7	9
5—10	..	..	..	..	2	3
10—15	..	..	3	1	1	2
15—20	..	..	..	1	2	2
20—25	..	..	2	3	1	..
25—35	..	..	3	11	1	1
35—45	..	..	4	3	2	2
45—55	..	..	2	2	1	..
55—65	..	..	3	2	1	2
65 and upwards	..	..	3	..	1	1
Total Cases	..	..	23	26	22	24

TABLE 5.
Showing Number of Deaths from Tubercular Diseases in
Leicester in past years.

Year.	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
*1903	266	123	111	51	377	175
1904	353	163	96	44	449	207
1905	288	132	87	40	375	171
1906	339	154	71	32	410	187
1907	275	124	99	44	374	169
1908	287	128	104	46	391	175
1909	290	129	82	36	372	166
1910	281	124	77	34	358	158
1911	288	126	66	28	354	155
1912	284	123	89	38	373	162
1913	301	130	82	35	383	165
1914	273	117	88	37	361	155
1915	325	143	76	33	401	177
1916	306	135	67	29	373	165
1917	343	157	78	35	421	193
1918	316	145	82	37	398	182
1919	264	111	62	26	326	138
†1920	255	107	72	30	327	138
1921	278	116	73	30	351	147
1922	294	123	67	28	361	151
1923	285	118	36	15	321	133
1924	287	118	62	25	349	143
1925	305	125	59	24	364	150
1926	282	116	43	17	325	134
1927	283	115	63	26	346	141

* The rates for the years 1903-10 have been revised in the light of the 1911 Census.

† The rate for the year 1920 has been revised in the light of the 1921 Census

TABLE 6.

Age and Sex Distribution of Deaths from Phthisis in 1927.

Age Period.			Males.	Females.	Total.
0—1	..	..	2	..	2
1—5	..	..	2	4	6
5—20	..	..	9	16	25
20—40	..	..	71	70	141
40—60	..	..	54	29	83
60—80	..	..	18	8	26
Over 80	..	..	..	..	..
All ages			156	127	283

Occupations of Persons Dying from Phthisis in 1927.

						M.	F.
SHOE TRADE :						M.	F.
Finishers	..	..	3	..	Army Pensioners	2	..
Clickers	..	..	6	1	Boxmakers	..	2
Rivettors	..	..	1	..	Porters	1	..
Pressmen	..	..	4	..	Licensed Victuallers	2	..
Machinists	..	..	6	2	Shop Assistants	..	..
Various	..	..	17	1	Warehousemen	2	..
Total in Shoes				..	Various	35	13
*Hosiery Trades				..	Occupations not stated		
Labourers	..	..	23	..	(includes Married		
Clerks	..	..	6	1	Women, Widows,		
Tailoring Trade	..	..	1	2	Children and Per-		
Vanmen	..	..	5	..	sons of no occupa-	14	74
Soldiers	..	..	5	..	tion)		
Engineers	..	..	8	..	Total	156	127
Painters	..	..	1	..			
Dressmakers	..	..	..	1			

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

TABLE 7.

Showing the number of Cases notified of the principal Notifiable Diseases for the
Fifteen Years, 1913-1927.

DISEASE.	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927
Smallpox ..	1	0	0	0	0	0	0	0	0	0	0	5	*72	0	6
Scarlet Fever..	548	577	332	647	573	583	579	946	714	619	576	335	774	477	620
Diphtheria ..	185	136	156	115	128	154	272	471	324	168	142	429	350	366	309
Enteric Fever ..	21	18	13	9	3	34	30	15	27	9	6	5	4	3	3
Erysipelas ..	192	258	331	154	114	101	131	127	84	101	87	96	126	110	132
Puerperal Fever ..	18	11	25	16	4	6	11	18	21	12	7	11	7	22	9
Puerperal Pyrexia ..	..	..	..	..	..	..	..	..	..	..	..	..	..	21	34
Phthisis ..	872	730	901	..	655	746	653	572	497	566	692	725	606	650	700
Other Forms of Tubercle ..	329	138	159	..	98	82	47	59	105	43	71	65	77	77	80
Ophthalmia ..	15	55	61	67	66	51	101	101	87	66	53	28	37	36	38
Cerebro-Spinal Fever ..	..	..	5	7	4	2	4	7	4	0	3	2	2	4	4
Polionmyelitis ..	..	..	4	3	5	3	3	4	2	1	1	12	..	81	8
Measles ..	..	..	..	3807	4572	1686	262	(Notification discontinued.)							
Encephalitis Lethargica ..	..	..	..	..	..	..	..	9	10	6	12	22	26	14	9
Pneumonia ..	..	..	..	..	..	..	..	131	138	177	209	247	239	143	236
Chickenpox ..	..	..	..	..	..	..	..	..	..	..	..	..	639	..	..
Totals ..	2181	1923	1994	4825	6222	3448	2098	2460	2013	1768	1859	1982	2959	2004	2188

* The figures include cases discovered by the Medical Officer of Health.

TABLE 8.

Showing the number of Deaths from Zymotic (or Germ) Diseases in the Fourteen Years
1914-1927.

DISEASE.	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927
Smallpox	0	0	0	0	0	0	0	0	0	0	0	0	0
Measles	97	73	140	59	1	83	7	48	21	0	43	8	18
Scarlet Fever	5	2	2	5	2	2	1	7	2	4	10	5	3
Diphtheria	19	27	11	18	30	41	28	20	9	35	34	37	11
Whooping Cough	72	19	38	33	11	23	33	25	31	18	69	21	29
Enteric Fever	6	2	2	2	4	3	2	3	2	1	1	0	1
Diarrhœa	64	84	34	21	15	23	30	16	38	62	57	40	22
Enteritis	55	88	43	49	26	48	67	42	22	19	10	5	2
Erysipelas	9	18	7	5	1	0	5	1	2	8	10	9	5
Influenza	24	20	18	*	†	15	47	80	31	39	55	15	54
Puerperal Fever	4	12	5	0	6	8	6	5	3	3	7	11	2
Cerebro-Spinal Fever	2	7	2	1	6	3	3	0	0	3	5	2
Poliomylitis	2	1	1	2	0	1	1	0	0	0	7	2
Encephalitis Lethargica	6	5	4	4	7	10	9	7
Pneumonia	225	207	224	210	218	245	168	208
Totals ..	355	347	308	162	126	451	481	442	479	375	409	554	340	366

N.B.—In calculating the Zymotic rate since 1923, all the above deaths have been included except pneumonia. Particulars of deaths from Tuberculosis are given in Tables 5 and 6.

• Epidemic year. Deaths during epidemic, June to December, 877.

† Epidemic year. Deaths during epidemic, January to April, 1,279.

TABLE 9.

Vital Statistics of whole District during 1927 and previous years.

City of Leicester.

YEAR.	Population estimated to middle of each year, revised in light of 1921 Census.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.				
		Un-corrected Number.	Nett.	Rate.	Number.	Rate.	Of Non-residents registered in the District.	Of Resi-dents not registered in the District.	Under 1 Year of Age.		At all Ages.		
									Number.	Rate.	Number.	Rate.	
													(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
(1)	(2)												
1918	217,537	3286	3246	14.92	3981	18.30	277	179	351	108.1	3883	17.84	
1919	235,847	3811	3774	15.99	3098	13.13	241	226	370	98.0	3083	13.06	
1920	236,873	5934	5905	24.91	2535	10.69	173	512	528	89.4	2874	12.13	
1921	237,900	5074	5097	21.42	2527	10.62	182	532	438	85.9	2877	12.09	
1922	238,800	4729	4646	19.44	2675	11.19	181	544	408	87.8	3038	12.71	
1923	239,700	4647	4593	19.16	2396	9.99	182	560	386	84.0	2774	11.57	
1924	241,800	4466	4380	18.11	2511	10.38	218	638	346	77.4	2931	12.12	
1925	242,100	4316	4197	17.33	2709	11.18	212	637	368	87.6	3134	12.90	
1926	241,800	4268	4119	17.02	2542	10.50	214	649	319	77.4	2977	12.30	
1927	245,000	4124	3965	16.18	2657	10.84	273	660	298	75.1	3044	12.42	

Number of inhabited tenements, July, 1927..	59,854	Area of District in acres (exclusive of	..
Average number of persons per house, Census, 1921 ..	4.28	area covered by water)	8.582

NOTE.—This Table has been filled in in accordance with the instructions given on the form supplied by the Ministry of Health

TABLE 10.
LEICESTER BOROUGH.

Showing estimated Population, Marriage-rates, Birth-rates, and Death-rates (General and Zymotic) per 1000 living during the last 81 years, 1847-1927.

Year. (1)	Estimated Population. (2)	Marriage Rate. (3)	Birth Rate. (4)	Death Rate. (5)	Zymotic (Death) Rate. (6)	Infant Mortality. (7)
1847	56,696	18.80	35.36	25.69	4.12	
1848	57,705	20.86	34.71	25.77	5.87	
1849	58,736	21.58	36.96	28.73	7.05	
1850	59,788	24.04	37.45	23.64	4.13	
1851	60,760	21.11	40.11	25.57	5.48	
1852	61,467	22.96	38.83	28.84	8.42	
1853	62,181	22.90	36.71	27.02	5.45	
1854	62,903	20.40	39.06	25.11	6.65	
1855	63,624	19.14	36.16	23.55	2.87	
1856	64,366	20.02	37.32	21.16	3.10	
1857	65,119	20.60	37.48	27.58	8.19	
1858	65,835	19.14	34.54	28.76	8.07	
1859	66,663	22.56	37.77	24.59	4.99	
1860	67,456	19.80	38.05	20.47	1.27	
1861	68,638	18.58	37.01	25.25	5.71	
1862	70,986	21.30	38.07	23.38	3.01	
1863	73,413	25.74	40.00	29.95	7.96	
1864	75,922	25.68	41.01	26.96	5.41	
1865	78,516	25.38	41.09	25.02	5.20	208.9
1866	81,197	24.94	42.02	23.33	3.37	205.1
1867	83,970	22.18	41.66	24.59	4.31	226.2
1868	86,837	22.62	41.32	28.15	7.88	256.6
1869	89,804	21.12	41.87	25.60	5.10	229.0
1870	92,873	21.22	40.90	27.33	7.24	235.2
1871	95,823	23.06	41.55	26.07	5.83	252.4
1872	98,251	23.90	42.36	26.95	8.23	231.3
1873	100,741	24.00	44.14	23.83	5.05	208.4
1874	103,294	20.90	42.34	24.29	3.83	222.6
1875	105,913	22.36	40.31	27.28	6.56	242.0
1876	108,599	22.64	44.02	23.58	5.26	199.9
1877	111,355	21.24	42.68	23.48	3.21	188.7
1878	114,182	19.38	41.85	21.89	4.18	205.2
1879	117,083	19.48	40.11	22.64	3.06	187.3
1880	120,059	19.60	40.04	24.73	6.48	220.1
1881	123,146	18.66	38.26	21.55	4.45	204.8
1882	116,275	19.02	38.46	20.04	3.23	194.4
1883	129,483	18.64	37.26	19.18	2.56	190.7
1884	132,773	17.3	36.5	22.1	4.2	233.5
1885	136,147	16.3	34.3	19.3	3.3	193.5
1886	139,606	17.4	34.8	19.6	2.8	216.5

TABLE 10—Continued.

Year. (1)	Estimated Population. (2)	Marriage Rate. (3)	Birth Rate. (4)	Death Rate. (5)	Zymotic (Death) Rate. (6)	Infant Mortality. (7)
1887	143,153	16.6	32.7	19.1	3.0	215.8
1888	146,790	15.4	32.7	18.1	2.4	204.7
1889	150,520	16.0	31.8	16.6	2.3	209.6
1890	154,344	16.5	30.4	17.7	2.1	203.7
*1891	†177,353	19.1	33.5	21.2	3.3	214.5
1892	180,550	16.7	32.2	18.0	2.5	197.7
1893	183,900	15.8	32.6	19.7	3.5	220.4
1894	187,250	16.7	32.0	14.5	1.9	161.9
1895	190,600	16.4	31.2	17.4	3.0	206.6
1896	194,100	17.5	32.0	16.8	2.9	185.7
1897	197,600	16.7	31.6	17.9	1.9	206.0
1898	201,250	17.7	30.5	17.2	3.4	191.1
1899	204,900	17.5	30.6	18.1	3.4	196.0
1900	208,600	17.3	29.7	17.8	3.6	174.1
1901	212,498	17.1	29.0	15.7	2.3	178.0
1902	213,974	16.3	29.5	14.8	1.5	153.3
1903	215,461	16.5	27.9	14.2	1.4	161.3
1904	216,958	17.0	27.5	15.0	2.0	161.1
1905	218,464	17.2	26.9	14.0	1.6	146.5
1906	219,980	16.1	26.6	15.1	2.4	166.2
1907	221,508	16.6	24.9	13.4	.9	130.1
1908	223,046	16.0	25.4	13.9	1.6	129.7
1909	224,595	15.7	24.1	14.0	1.3	126.6
1910	226,154	17.1	23.7	12.4	.7	126.3
1911	227,634	16.6	22.9	13.4	1.4	130.0
1912	229,294	16.3	22.5	13.5	.9	109.0
1913	230,970	16.4	22.8	13.3	.7	119.3
1914	232,664	16.7	22.1	14.1	1.1	119.9
1915	232,664	24.1	20.8	14.9	.5	122.8
1916	225,907	18.3	20.7	13.6	.8	104.8
1917	217,537	16.6	16.9	13.5	.7	105.0
1918	217,537	18.6	14.9	17.8	.5	108.1
1919	236,059	21.3	15.3	13.0	.3	98.0
1920	236,874	23.5	24.9	12.1	.8	89.4
1921	237,900	20.0	21.4	12.0	.5	85.9
1922	238,800	19.3	19.4	12.7	.5	87.8
1923	239,700	18.1	19.16	11.57	.4	84.0
1924	241,800	17.4	18.47	12.12	.7	79.0
1925	242,100	17.6	17.33	12.90	1.3	87.6
1926	241,700	16.9	17.02	12.30	.7	77.4
1927	245,000	17.6	16.18	12.42	.5	75.1

* All figures after 1891 refer to extended Borough.

† This is the population of the extended Borough. The figures in the other columns for the same year refer to the old Borough.

The figures since 1892 have been revised in the light of the census figures of the different census years—1901, 1911 and 1921. The population for the year 1920 having been considerably over-estimated has necessitated important corrections in that year.

TABLE 11. City of Leicester.

INFANT MORTALITY DURING THE YEAR 1927.

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSE OF DEATH.	Under 1 Week	1-2 Weeks	2-3 Weeks	3-4 Weeks	Total under 1 Month	1-3 Months	3-6 Months	6-9 Months	9-12 Months	Total Deaths under 1 Year
All Causes Certified.	107	15	15	11	148	32	46	28	44	298
Smallpox .. .. .	..	..	..	..	..	..	..	..	..	..
Chicken-pox .. .. .	..	..	..	..	..	..	..	..	..	..
Measles .. .. .	..	..	..	..	..	..	1	1	1	3
Spina bifida	3	1	1	1	6	..	..	..	..	6
Whooping-cough .. .. .	..	..	..	..	..	..	5	4	4	13
Diphtheria and Croup .. .. .	..	..	..	..	..	..	..	1	..	1
Erysipelas .. .. .	..	..	..	..	..	1	1	..	..	2
Tuberculous Meningitis .. .. .	..	..	..	..	..	..	1	..	..	1
Abdominal Tuberculosis .. .. .	..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases .. .. .	..	..	..	..	..	3	2	..	5	10
Meningitis (<i>not Tuberculous</i>) .. .. .	..	1	..	..	1	..	..	..	1	2
Convulsions	5	4	1	2	12	3	7	1	..	23
Laryngitis .. .. .	..	..	..	..	..	..	..	..	..	..
Bronchitis .. .. .	..	..	3	1	4	2	2	2	2	12
Pneumonia (all forms)	2	..	..	..	2	6	7	10	16	41
Diarrhœa .. .. .	..	1	1	..	2	2	6	2	3	15
Enteritis .. .. .	..	1	..	..	1	..	..	..	..	1
Colitis .. .. .	..	..	..	..	..	..	..	..	..	..
Gastritis .. .. .	..	..	..	1	1	1	..	..	..	2
Syphilis .. .. .	..	..	..	..	..	..	..	..	..	..
Rickets .. .. .	..	..	..	..	..	..	..	..	..	..
Starvation (overlying)	1	..	..	..	1	..	2	..	..	3
Injury at Birth .. .. .	..	..	1	..	1	..	..	..	..	1
Atelectasis	3	..	..	..	3	..	..	..	..	3
Congenital Malformations	2	..	..	1	3	..	..	1	..	4
Premature Birth	64	3	1	..	68	4	1	..	..	73
Atrophy, Debility and Marasmus	9	2	1	3	15	6	4	1	1	27
Other Causes	18	2	6	2	28	4	7	5	11	55

Nett Births in the Year { legitimate, 3,762.
 { illegitimate, 203.

Nett Deaths in the Year of { legitimate infants, 280.
 { illegitimate infants, 18.

TABLE 12.

VENEREAL DISEASE.

Form V.D. (R.), as required by Ministry of Health.

Return relating to all persons who were treated at the Treatment Centre at Leicester Royal Infirmary during the year ended the 31st December, 1927.

	Syphilis.		Gonorrhœa.		Conditions other than Venereal.		Total.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Number of cases which—								
(a) at the beginning of the year under report were under treatment or observation for	190	166	229	99	..	7	419	272
(b) had been marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report <i>suffering from the same infection</i>	7	13	5	10	..	..	12	23
TOTAL—Items 1 (a) and 1 (b)	197	179	234	109	..	7	431	295
2 (a). Number of cases dealt with at the Treatment Centre during the year <i>for the first time</i>	88	115	349	125	129	131	566	371
TOTAL—Items 1 (a), 1 (b) and 2 (a)	285	294	583	234	129	138	997	666
2 (b). Number of cases included in Item 2 (a) known to have received <i>previous treatment at other Centres</i> for the same infection	5	..	14	3	..	..	19	3

TABLE 12a.

VENEREAL DISEASE.

Form V.D. (R.), as required by Ministry of Health.

Statement showing the services rendered at the Treatment Centre during the year 1927, classified according to the areas in which the patients resided.

	Leicester.	Leicester-shire.	Rutland.	Warwick-shire.	Northamptonshire.	Staffordshire.	TOTAL.
A. Number of cases from each area dealt with during the year <i>for the first time</i> and found to be suffering from :—							
Syphilis	124	74	..	1	2	2	203
Soft Chancre .. .. .	..	..	..	..	..	..	..
Gonorrhœa	360	112	..	1	1	..	474
Conditions other than Venereal	169	91	..	..	..	..	260
Total	653	277	..	2	3	2	937
B. Total number of attendances of all patients residing in each area	18766	4308	..	7	3	2	23086
C. Aggregate number of " In-patient days " of all patients residing in each area	1818	1674	46	22	..	..	3560
D. Number of doses of arsenobenzol compounds given in the :—							
1. Out-patient Clinic	2625	1029	..	..	..	..	3654
2. In-patient Department	17	45	2	..	..	..	64
to patients residing in each area.							

TABLE 13.

VENEREAL DISEASE CLINICS AT ROYAL INFIRMARY.

NEW CASES AND RENEWED ATTENDANCES. (City Cases only.)

NEW PATIENTS.

RENEWED ATTENDANCES.

YEAR	MALES			FEMALES			TOTALS		
	SYPH.	GON.		SYPH.	GON.		SYPH.	GON.	
*1917	101	138		79	99		696	413	674
1918	125	184		166	90		1313	1129	1058
1919	218	374		184	35		1934	1741	631
1920	265	250		181	56		3426	2081	812
1921	168	198		208	45		3707	3030	944
1922	148	179		149	29		3725	2456	1448
1923	111	198		123	66		3465	2948	1759
1924	93	166		119	98		3595	2519	954
1925	60	202		72	84		3446	2245	1445
1926	99	291		90	118		3123	2145	2428
1927	70	275		75	102		3164	2557	2591

* Nine Months only

TABLE 14. Cancer Statistics for past Thirty Years.

YEAR	40 to 60 Years				Over 60 Years			
	Males		Females		Males		Females	
	Cancer Deaths	Percentage of Total Deaths	Cancer Deaths	Percentage of Total Deaths	Cancer Deaths	Percentage of Total Deaths	Cancer Deaths	Percentage of Total Deaths
1897	19	8.4	55	21.5	25	7.8	36	9.2
1898	24	9.7	31	15.2	23	6.2	29	7.1
1899	20	7.5	35	13.5	39	9.1	55	13.7
1900	25	8.1	41	13.8	24	5.9	33	7.2
1901	26	9.9	46	18.4	24	6.2	48	10.8
1902	21	8.0	51	19.9	39	9.8	45	9.9
1903	31	12.4	47	20.1	29	7.6	62	13.9
1904	35	12.2	43	16.4	51	11.3	63	12.4
1905	24	9.6	52	20.7	45	10.7	52	10.9
1906	22	7.4	34	15.9	40	9.8	55	11.8
1907	28	10.5	64	23.5	41	8.0	52	11.1
1908	29	9.5	50	20.2	53	12.2	69	14.5
1909	30	9.9	33	12.2	39	8.5	74	11.9
1910	43	15.2	42	16.6	44	10.5	53	11.0
1911	27	10.5	67	25.9	50	10.9	78	13.4
1912	39	9.1	60	21.1	53	10.2	60	10.7
1913	43	12.8	57	20.5	68	12.6	62	11.4
1914	40	11.6	61	19.9	78	13.1	70	11.7
1915	36	8.1	49	16.0	63	10.1	62	10.3
1916	43	13.0	50	17.9	51	9.2	66	10.2
1917	—	—	—	—	—	—	—	—
1918	39	12.2	54	18.8	65	10.5	78	11.1
1919	39	13.2	33	21.2	60	11.8	86	11.1
1920	43	14.2	71	27.5	69	11.5	101	15.5
1921	36	11.6	73	25.6	77	12.5	76	10.9
1922	42	13.1	55	19.9	79	13.1	85	12.9
1923	31	9.8	63	22.7	87	13.3	85	12.2
1924	37	10.9	72	21.4	103	14.8	93	12.1
1925	48	11.0	82	21.1	101	15.3	111	14.8
1926	43	10.0	57	21.1	100	13.9	103	12.8
1927	—	—	—	—	—	—	—	—
1928	—	—	—	—	—	—	—	—
1929	—	—	—	—	—	—	—	—
1930	—	—	—	—	—	—	—	—
1931	—	—	—	—	—	—	—	—
1932	—	—	—	—	—	—	—	—
1933	—	—	—	—	—	—	—	—
1934	—	—	—	—	—	—	—	—
1935	—	—	—	—	—	—	—	—
1936	—	—	—	—	—	—	—	—
1937	—	—	—	—	—	—	—	—
1938	—	—	—	—	—	—	—	—
1939	—	—	—	—	—	—	—	—
1940	—	—	—	—	—	—	—	—
1941	—	—	—	—	—	—	—	—
1942	—	—	—	—	—	—	—	—
1943	—	—	—	—	—	—	—	—
1944	—	—	—	—	—	—	—	—
1945	—	—	—	—	—	—	—	—
1946	—	—	—	—	—	—	—	—
1947	—	—	—	—	—	—	—	—
1948	—	—	—	—	—	—	—	—
1949	—	—	—	—	—	—	—	—
1950	—	—	—	—	—	—	—	—
1951	—	—	—	—	—	—	—	—
1952	—	—	—	—	—	—	—	—
1953	—	—	—	—	—	—	—	—
1954	—	—	—	—	—	—	—	—
1955	—	—	—	—	—	—	—	—
1956	—	—	—	—	—	—	—	—
1957	—	—	—	—	—	—	—	—
1958	—	—	—	—	—	—	—	—
1959	—	—	—	—	—	—	—	—
1960	—	—	—	—	—	—	—	—
1961	—	—	—	—	—	—	—	—
1962	—	—	—	—	—	—	—	—
1963	—	—	—	—	—	—	—	—
1964	—	—	—	—	—	—	—	—
1965	—	—	—	—	—	—	—	—
1966	—	—	—	—	—	—	—	—
1967	—	—	—	—	—	—	—	—
1968	—	—	—	—	—	—	—	—
1969	—	—	—	—	—	—	—	—
1970	—	—	—	—	—	—	—	—
1971	—	—	—	—	—	—	—	—
1972	—	—	—	—	—	—	—	—
1973	—	—	—	—	—	—	—	—
1974	—	—	—	—	—	—	—	—
1975	—	—	—	—	—	—	—	—
1976	—	—	—	—	—	—	—	—
1977	—	—	—	—	—	—	—	—
1978	—	—	—	—	—	—	—	—
1979	—	—	—	—	—	—	—	—
1980	—	—	—	—	—	—	—	—
1981	—	—	—	—	—	—	—	—
1982	—	—	—	—	—	—	—	—
1983	—	—	—	—	—	—	—	—
1984	—	—	—	—	—	—	—	—
1985	—	—	—	—	—	—	—	—
1986	—	—	—	—	—	—	—	—
1987	—	—	—	—	—	—	—	—
1988	—	—	—	—	—	—	—	—
1989	—	—	—	—	—	—	—	—
1990	—	—	—	—	—	—	—	—
1991	—	—	—	—	—	—	—	—
1992	—	—	—	—	—	—	—	—
1993	—	—	—	—	—	—	—	—
1994	—	—	—	—	—	—	—	—
1995	—	—	—	—	—	—	—	—
1996	—	—	—	—	—	—	—	—
1997	—	—	—	—	—	—	—	—
1998	—	—	—	—	—	—	—	—
1999	—	—	—	—	—	—	—	—
2000	—	—	—	—	—	—	—	—
2001	—	—	—	—	—	—	—	—
2002	—	—	—	—	—	—	—	—
2003	—	—	—	—	—	—	—	—
2004	—	—	—	—	—	—	—	—
2005	—	—	—	—	—	—	—	—
2006	—	—	—	—	—	—	—	—
2007	—	—	—	—	—	—	—	—
2008	—	—	—	—	—	—	—	—
2009	—	—	—	—	—	—	—	—
2010	—	—	—	—	—	—	—	—
2011	—	—	—	—	—	—	—	—
2012	—	—	—	—	—	—	—	—
2013	—	—	—	—	—	—	—	—
2014	—	—	—	—	—	—	—	—
2015	—	—	—	—	—	—	—	—
2016	—	—	—	—	—	—	—	—
2017	—	—	—	—	—	—	—	—
2018	—	—	—	—	—	—	—	—
2019	—	—	—	—	—	—	—	—
2020	—	—	—	—	—	—	—	—
2021	—	—	—	—	—	—	—	—
2022	—	—	—	—	—	—	—	—
2023	—	—	—	—	—	—	—	—
2024	—	—	—	—	—	—	—	—
2025	—	—	—	—	—	—	—	—
2026	—	—	—	—	—	—	—	—
2027	—	—	—	—	—	—	—	—

* In 1918 the total deaths from influenza epidemic.

† This figure is taken from a report of 234,000, and differs from the figure given in the 1918 Report.

TABLE 15. DEATHS FROM CANCER, 1927.

Classified according to Age, Sex and Organ Affected.

Organ Affected.	Under 40 years		40-60 years.		Over 60 years.		All Ages.	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip ..	—	—	—	—	—	—	—	—
Tongue ..	—	—	1	—	1	—	2	—
Jaw ..	—	—	1	—	1	—	2	—
Mouth ..	—	—	—	—	1	—	1	—
Larynx ..	—	—	—	2	—	1	—	3
Oesophagus ..	—	—	4	—	7	1	11	1
Stomach ..	1	—	8	7	28	25	37	32
Intestines ..	—	—	3	—	—	3	3	3
Colon ..	—	1	1	4	5	8	6	13
Rectum ..	—	1	4	6	18	7	22	14
Liver ..	—	—	8	4	12	9	20	13
Pancreas ..	—	—	1	—	4	1	5	1
Spleen ..	—	—	—	—	—	—	—	—
Lungs ..	—	—	2	3	2	—	4	3
Kidney ..	1	—	1	—	—	—	2	—
Bladder ..	—	—	2	—	2	2	4	2
Prostate ..	—	—	—	—	9	—	9	—
Testicle ..	—	—	—	—	—	—	—	—
Ovary ..	—	—	—	3	—	2	—	5
Uterus ..	—	1	—	13	—	17	—	31
Breast ..	—	2	—	22	—	14	—	38
Bones ..	—	—	—	—	6	2	6	2
Other Forms or not specified ..	1	3	7	3	4	11	12	17
Total ..	3	8	43	67	100	103	146	178

TABLE 15a. CANCER DEATHS, 1926-27.

Alimentary	1926	3	2	36	27	79	70	118	99
Tract	1927	1	2	31	21	77	54	109	77
Female Sex	1926	—	3	—	48	—	41	—	92
Organs	1927	—	3	—	38	—	33	—	74
Other Organs	1926	11	8	12	7	27	21	50	36
or Parts	1927	2	3	12	8	23	16	37	27
Totals ..	1926	14	13	48	82	106	132	168	227
	1927	3	8	43	67	100	103	146	178

The above table has been prepared with a view to showing where the difference in cancer deaths in 1926 and 1927 has occurred.

**TABLE 16.—List of Registered Midwives practising in Leicester,
1st January, 1928.**

Name.	Reg. No.	Address.
*Adcock, Hannah	.. 32,386 ..	56 Clarendon Park Road.
*Allcock, Winifred	.. 63,729 ..	1 Spence Street.
‡*Allen, K. M.	.. 69,438 ..	229 Melton Road.
*Bamber, Mabel Elizabeth	.. 42,983 ..	12 Portman Street.
*Bateman, Edna Elizabeth	.. 70,829 ..	33 Severn Street.
*Blockley, Clara	.. 70,842 ..	29 Marjorie Street.
†Blyth, Eliza	.. 2,760 ..	13 Fairheld Street.
*Chuley, Letitia	.. 39,957 ..	9 De Montfort Square.
‡*Coe, Lizzie A.	.. 25,564 ..	117 Wand Street.
‡*Conlon, Elizabeth	.. 67,186 ..	5 Thoresby Street.
*Camacho, M. S.	.. 57,274 ..	649 Aylestone Road.
*Davis, Catherine	.. 72,670 ..	9 Farm Close, School Gate,
*Dawkins, Jemima	.. 36,754 ..	1 Pool Road. [Aylestone.
‡*Dodson, Sarah E.	.. 66,243 ..	35 Windley Road.
*Earl, Ivy Bell	.. 71,229 ..	6 Tailby Avenue
*East, Florrie	.. 50,887 ..	11 New Bridge Street.
‡*Eden, Lily	.. 68,879 ..	5 Thoresby Street.
‡*Eyre, Blanch G.	.. 67,246 ..	14 Lincoln Street.
*Gardner, Gertrude	.. 45,160 ..	3 Elmfield Avenue.
Gawthorne, Fanny	.. 30,974 ..	45 Aylestone Road.
‡*Harding, Laura	.. 60,388 ..	70 Lytton Road.
‡*Hill, Matilda	.. 28,009 ..	88 Knighton Lane.
‡*Hicks, Louisa S.	.. 37,583 ..	58 Bassett Street.
*Hopkins, Margaret Lucy	.. 71,043 ..	223 Hinckley Road.
Howsam, Miriam	.. 5,223 ..	90 Sylvan Street.
‡*Hunt, A. A.	.. 25,486 ..	166 Charnwood Street.
‡*Ingham, Adelaide	.. 41,739 ..	238 Belgrave Gate.
*Jarrat, Grace Ethel	.. 51,021 ..	66 Uppingham Road.
*Langton, Ellen	.. 69,623 ..	27 Lorne Road.
*Laughton, Annie	.. 11,389 ..	236 Clarendon Park Road.
*Ledger, Sarah E. M.	.. 51,258 ..	7 Willow Street.
March, Charlotte	.. 1,037 ..	180 Grasmere Street.
‡*Martin, Rose	.. 67,874 ..	62 Earl Russell Street.
*Martin, Lilian M.	.. 41,332 ..	301 Clarendon Park Road.
‡*McCaull, J.	.. 49,841 ..	10 Shaftesbury Road.
‡*Noon, Lucy A.	.. 30,688 ..	1 Spence Street.
‡*Pateman, Clara	.. 67,428 ..	20 Warwick Street.
*Payne, Letitia Eva	.. 73,326 ..	193 Narborough Road.
Payne, Lilian Emily	.. 43,317 ..	7 Gipsy Road.
‡*Pilsworth, Maria	.. 36,784 ..	"Roma," Blackbird Road.
‡*Potter, Frances A.	.. 49,911 ..	10 Shaftesbury Road.
*Ritchie, E. A. Robertson	.. 69,226 ..	15 Napier Street.
*Ruscoe, Muriel A.	.. 68,539 ..	66 Uppingham Road.
*Saunders, Rose Lilian	.. 72,390 ..	13 Whitwell Row, Aylestone
*Shelbourn, E. W.	.. 67,995 ..	28 Chatsworth Street. Park.
*Simister, Edith E. K.	.. 28,446 ..	36 Wood Hill.
*Smith, E. E.	.. 69,730 ..	16 Constitution Hill.
‡*Smith, Sarah E.	.. 33,745 ..	87 Harrison Road.
‡*Smith, Mary	.. 55,034 ..	32 Narborough Road.
*Starnmer, Emma	.. 58,618 ..	7 Warwick Street.
*Turton, Marjorie	.. 70,298 ..	66 Uppingham Road.
*Wakeling, Ada	.. 33,774 ..	Fairfield, Saffron Lane.
‡*Whinnett, Annie M.	.. 54,561 ..	40 Mill Hill.
*Wright, Catherine A.	.. 24,962 ..	193 Narborough Road.
Total	.. 54.	

*Holds Certificate of Central Midwives' Board.

‡Holds Certificate of London Obstetrical Society.

†Trained at Maternity Hospital, Causeway Lane.

‡Trained at Municipal Maternity Home.

TABLE 17.

**MUNICIPAL MATERNITY HOME,
WESTCOTES DRIVE.**

Annual Statistics relating to Maternity Hospitals and Homes
for the Calendar Year 1927.

Number of Beds, 26.

1. Number of cases in the Home on 1st January, 1927 ..	16
2. Number of cases admitted during 1927	445
3. Average duration of stay	14 days
4. Number of cases delivered by—	
(a) Midwives	301
(b) Doctors—	
Doctors engaged and attended own patients	60
Doctor called in	39
	— 99
5. Number of cases in which medical assistance was sought by the midwife with reasons for requiring assistance :—	
(a) Ante-natal.—Albuminuria, 4 ; malpresentation for version, 2 ; contracted pelvis, 10 ; A.P.H., 6 ; hydranmios, 2 ; hæmatemesis, 1	25
(b) During labour.—Uterine inertia, 16 ; rigid peri- neum, 5 ; cæsarion section, 3 ; locked twins, 1 ; complicated breech, 3 ; persistant, occipito, posteriors, 2 ; head not engaged, 4 ; long second stage, 5	39
(c) After labour (state separately number of ruptured perineums which required suture).—Retained placenta, 3 ; adherent placenta, 5 ; lacerated perineum, 6 ; rise of temp., 5 ; breast abscess, 2 ; general debility, 2	23
(d) For infant.—Watery eyes, 2 ; oph. neon., 2 ; prema- turity, 8 ; cong. heart, 4 ; bronchial pneumonia, 1	17

TABLE 17—continued

6. Number of cases notified as—		
(a) Puerperal fever	0	
(b) Puerperal pyrexia (i.e., rise of temperature to 100.4° F. for 24 hours, or its recurrence within that period) with the result of treatment in each case.—		
Recovered, were discharged in good health, 4 ;		
notified phthisis (advanced), 1	5	
7. Number of cases of pemphigus neonatorum	0	
8. Number of cases notified as ophthalmia neonatorum with result of treatment in each case.—Improved before child discharged under care of own doctor, 1 ; transferred to own doctor very little better, 1	2	
9. Number of cases of “inflammation of the eyes,” however slight.—Improved before discharge	2	
10. Number of infants not entirely breast-fed while in the Institution with reasons why they were not breast-fed.—Insufficient secretion, 4 ; mother has phthisis, 1	5	
11. Number of maternal deaths with causes.—Central placenta prævia after cæsarian section had been performed	1	
12. Number of foetal deaths (a) stillborn, and (b) within 10 days of birth and their causes—and the results of the postmortem examination if obtainable :—		
(a) Macerated foetus, 7 ; stillborn, 8	15	
(b) Atalectasis, 3 ; cong. heart, 1 ; bronch. pneumonia, 1 ; prematurity, 4	9	

Special Note.—**Immediate information** should be sent to the Ministry of the following occurrences in the Institution, with a brief statement of the circumstances of each case :—

1. Every case of maternal mortality occurring in the Institution, or due to illness contracted in the Institution.
2. Every case of puerperal fever or puerperal pyrexia, whether nursed in the Institution or transferred to another Institution.
3. Every case of pemphigus neonatorum.

TABLE 18.

City of Leicester.

MATERNITY HOME, WESTCOTES DRIVE.

Receipts and Payments during two years ending 31st March, 1928.

	Year 1926-27.			Year 1927-28.		
PAYMENTS.						
	£	s.	d.	£	s.	d.
Salaries and Wages	755	14	7	791	18	1
Medical Requisites	192	19	6	207	11	1
Meat and Provisions	1133	1	10	1060	8	3
Clothing, Household Linen, &c. ..	127	3	6	145	1	1
Furniture, Kitchen Utensils, &c. ..	144	19	8	176	19	0
Fuel, Light, Rates, &c.	618	9	5	681	15	8
Repairs and Painting	181	16	4	262	1	8
Printing, Stationery, Telephone and Sundries	110	12	4	94	10	11
Lecture Fees, &c.	67	15	10	76	10	0
Grounds Labour, &c.	194	9	11	211	4	1
Laundry and Cleaning Materials ..	304	5	2	306	19	10
Total Payments	£3831	8	1	£4014	19	8
RECEIPTS						
Fees for Maintenance and Treatment ..	2097	9	0	2275	8	10
Training Fees (Pupil Midwives) ..	165	7	0	221	0	0
Rent of Paddock, Garages and Cottage	171	11	6	164	6	0
Miscellaneous	13	10		9	1	
Total Receipts	£2435	1	4	£2661	3	11
Net Cost (excluding Loan Charges) ..	£1396	6	9	£1353	15	9

ALFRED RILEY,

31st May, 1928.

City Treasurer.

TABLE 19.

City of Leicester.

ST. MARTIN'S DAY NURSERY.**Receipts and Payments during Two Years ending 31st, March 1928.**

PAYMENTS.	Year 1926-27.			Year 1927-28.		
	£	s.	d.	£	s.	d.
Salaries and Wages	646	3	10	672	7	3
Insurance	28	16	5	28	18	1
Rent and Rates	288	15	2	298	6	8
Fuel, Light, Water and Cleaning ..	230	8	8	241	5	4
Furniture and Equipment ..	79	13	2	86	14	3
Repairs	123	12	10	115	1	1
Drugs and Medical Appliances ..	10	19	9	13	8	2
Meat and Provisions	666	3	1	693	8	11
Laundry	129	11	9	97	10	2
Printing, Stationery, Telephone and Stamps	10	6	2	8	15	9
Uniforms and Clothing	96	8	4	105	0	2
Sundries	41	12	8	44	1	0
	£2,352 11 10			£2,404 16 10		
RECEIPTS.						
	£	s.	d.	£	s.	d.
Maintenance of Children	651	16	9	780	11	1
Mothers' Dinners	—			8	5	6
Contribution from Education Committee (Mothercraft)	150	0	0	150	0	0
Meals of Schoolgirls (Mothercraft) ..	76	2	6	71	6	6
Sundries	1	8	8	0	0	0
	£879 7 11			£1010 3 1		
Net cost	£1,473 3 11			£1,394 13 9		

31st May, 1928.

ALFRED RILEY, City Treasurer.

TABLE 20.

City of Leicester.

INFANTS' MILK DEPOT.

Receipts and Payments during Two Years ending
31st March, 1928.

PAYMENTS.	Year 1926-27.			Year 1927-28.		
	£	s.	d.	£	s.	d.
Wages	368	8	0	364	0	9
Purchase of Milk	2,395	3	9	2,372	5	6
Medical Requisites	62	16	10	64	16	7
Rent, Rates, Insurance and Income Tax	71	0	4	73	1	1
Fuel, Light and Water	32	7	0	39	14	1
Telephone	9	13	0	9	3	10
Printing, Stationery and Sundries	30	2	10	39	7	8
Cleaning and Painting	17	17	10	36	8	4
Total Payments	£2,987	9	7	£2,998	17	10
RECEIPTS.						
Sale of Milk, &c.	£2,902	18	7	£2,881	4	7
Net Cost	£84	11	0	£117	13	3

31st May, 1928.

ALFRED RILEY,
City Treasurer.

TABLE 21.

Monthly Rainfall and mean Temperature during 1927,
as recorded at the City Mental Hospital.

Figures supplied by Dr. J. Francis Dixon.

MONTH.				Rainfall in inches.	Mean Temperature Fahr.
January	..	..	..	2.45	39.21
February	..	..	..	2.10	38.27
March	..	..	..	1.98	44.68
April	..	..	..	1.63	46.4
May	..	..	..	1.30	51.3
June	..	..	..	4.25	54.35
July	..	..	..	3.03	59.39
August	..	..	..	4.18	60.1
September	..	..	..	4.42	53.98
October	..	..	..	1.97	50.03
November	..	..	..	2.84	42.28
December	..	..	..	2.44	33.55

Total rainfall in 1927 32.59 inches.

No. of days on which rain fell (.01 inches or more) .. 210

Rainfall in previous years.

				Inches of rain	No. of days on which rain fell
1926	..	..	..	26.78	186
1925	..	..	..	23.06	175
1924	..	..	..	28.49	198
1923	..	..	..	25.03	201
1922	..	..	..	29.23	187
1921	..	..	..	19.03	136
1920	..	..	..	25.10	192
1919	..	..	..	30.98	191
1918	..	..	..	24.52	190

TABLE 22.

Showing Births, Vaccinations and Smallpox in Leicester, 1838-1927.

Year	Births	Vaccina- tions Regist'd Public and Pvt.	Small- pox Deaths	Small- pox Cases	Year	Births	Vaccina- tions Regist'd Public and Pvt.	Exemp- tions Granted	Small- pox Deaths	Small- pox Cases
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
1838	1815	Not known	11	..	1883	4825	1958	..	3	12
1839	2024	..	50	..	1884	4851	1763	..	..	6
1840	1967	..	56	..	1885	4683	1842	..	..	8
1841	1972	..	31	..	1886	4863	1122	..	..	1
1842	1942	..	..	..	1887	4695	471	..	..	10
1843	2035	..	..	..	1888	4814	314	..	..	22
1844	2087	..	9	..	1889	4796	172	..	..	..
1845	2197	..	164	..	1890	4699	131	..	..	..
1846	2213	..	12	..	1891	4790	92	..	..	..
1847	2005	..	1	..	1892	5816	133	..	6	38
1848	2003	..	31	..	1893	6006	249	..	15	320
1849	2171	1613	66	..	1894	5995	133	..	..	8
1850	2239	1240	5	..	1895	5962	75	..	..	4
1851	2437	1292	2	..	1896	6212	86	..	..	..
1852	2387	1637	52	..	1897	6252	81	..	..	..
1853	2283	1843	11	..	1898	6152	92	..	..	..
1854	2467	2275	..	..	1899	6273	156	167	..	..
1855	2301	1771	..	..	1900	6207	343	598	..	..
1856	2402	1771	1	..	1901	6169	357	500	..	4
1857	2441	1880	17	..	1902	6313	1237	1500	5	18
1858	2276	2026	53	..	1903	6018	2487	1029	21	406
1859	2518	1447	3	..	1904	5981	1232	1044	4	307
1860	2567	1766	2	..	1905	5888	987	1112	..	5
1861	2540	1614	1	..	1906	5865	1073	1080	..	1
1862	2723	1388	..	..	1907	5534	1093	1256	..	..
1863	2937	1608	5	..	1908	5680	659	2401	..	..
1864	3114	1916	104	..	1909	5431	660	2367	..	..
1865	3226	1183	10	..	1910	5380	564	2335	..	..
1866	3412	1641	3	..	1911	5222	475	2964	..	..
1867	3496	1544	2	..	1912	5182	447	3173	..	..
1868	3588	3379	1	..	1913	5278	436	3391	..	1
1869	3760	3560	..	..	1914	5144	293	3438	..	..
1870	3799	3403	..	..	1915	4851	192	3812	..	..
				Not	1916	4684	222	3931	..	..
1871	3982	3230	12	known	1917	3688	193	3287	..	..
1872	4162	4456	346	..	1918	3246	146	2724	..	..
1873	4147	3692	2	..	1919	3774	154	2954	..	..
1874	4374	3764	..	..	1920	5905	201	5364	..	..
1875	4270	3527	1	1	1921	5997	234	4662	..	..
1876	4781	3426	..	..	1922	4646	173	4286	..	..
1877	4753	3653	6	12	1923	4593	284	4169	..	..
1878	4779	3372	1	8	1924	4468	260	4062	..	5
1879	4697	3146	..	..	1925	4197	283	3908	..	72
1880	4860	2886	..	1	1926	4119	234	3710	..	..
1881	4712	3417	2	6	1927	3965	172	3684	..	..
1882	4857	3106	5	29						

The figures in this Table prior to the year 1890 are taken from the Fourth Report of the Royal Commission on Vaccination, App. 3, Tables 5, 6 and 51. They were prepared and handed to the Royal Commission by Mr. J. T. Biggs.

In 1863-64, owing to the Smallpox epidemic which prevailed, there were 4,320 additional public vaccinations performed by the Medical Officers to the Guardians. These were chiefly vaccinations of children omitted in previous years. They are not included in the figures for the two years in question.

TABLE 23.

Vital Statistics of the 38 Large Towns (excluding London and residential towns round London) with populations of over 100,000, 1927.

TOWN.	Population for 1927.	Birth Rate.	Death Rate.	Infant Mortality.	Diphtheria Death Rate
*Brighton	140,700	15.1	14.9	51	0.17
Portsmouth	232,100	17.9	14.2	79	0.31
*Southampton	169,800	17.9	15.5	63	0.12
*Norwich	124,600	16.3	12.5	45	—
*Plymouth	187,600	18.1	16.7	103	0.11
Bristol	385,700	16.6	15.3	95	0.03
Stoke-on-Trent	276,900	20.4	13.0	108	0.04
*Wolverhampton	135,200	20.6	12.4	71	0.03
*Walsall	102,000	20.5	12.6	82	0.83
Birmingham	951,100	17.9	13.0	76	0.10
*Coventry	129,500	16.1	11.7	61	0.06
Nottingham	265,700	17.7	15.1	106	0.21
*Derby	136,400	16.4	13.9	99	0.12
*Stockport	125,200	15.2	14.6	99	0.06
*Birkenhead	158,500	19.2	14.2	112	0.13
Liverpool	870,800	22.7	16.4	131	0.12
*St. Helens	113,100	21.5	14.0	152	0.11
*Bolton	178,300	15.7	16.9	95	0.22
*Manchester	751,900	17.7	16.0	112	0.24
Salford	247,600	17.1	13.7	106	0.05
*Oldham	141,400	15.2	16.2	99	0.20
*Southend-on-Sea	107,900	14.4	12.2	46	0.04
*Blackburn	124,500	14.0	14.9	115	0.13
*Preston	127,100	15.3	16.5	105	0.06
*Huddersfield	112,100	13.6	15.4	79	0.18
Bradford	293,200	15.1	15.0	75	0.14
Leeds	477,600	15.9	14.3	83	0.07
Sheffield	524,900	16.2	14.3	106	0.14
Hull	296,600	20.8	14.9	99	0.11
Middlesbrough	133,600	24.9	14.7	84	—
*Sunderland	162,700	23.4	16.7	110	0.02
*South Shields	123,400	20.2	15.4	92	0.07
Gateshead	127,400	22.6	13.4	67	0.03
Newcastle-on-Tyne	288,500	18.4	14.5	88	0.04
Cardiff	225,600	19.1	13.5	90	0.12
*Rhondda	159,270	17.8	13.1	82	0.30
*Swansea	162,700	18.6	14.2	78	0.10
Average	—	18.0	14.5	90	0.13
LEICESTER	245,000	16.2	12.4	75	0.08

* Provisional figures only. From Registrar-General's Quarterly Return No. 317.

TABLE 24.

ALTITUDE ABOVE SEA LEVEL AT DIFFERENT POINTS
IN THE CITY OF LEICESTER.

	Feet above sea level
North Evington Infirmary (just outside City Boundary)	330
Victoria Park	293
University College	286
Gilroes Cemetery	285
Western Park	271
Braunstone Park	267
Spinney Hill Park	264
Welford Road Cemetery	258
Isolation Hospital, Groby Road	258
Mental Hospital	244
Park Estate Building Site (Saffron Lane) ..	220-250
Abbey Park	175
Belgrave	165

The above levels are taken from "spot" levels written in Ordnance Survey Plans. Data supplied by City Surveyor.

TABLE 25

CITY OF LEICESTER

(As required by the Ministry of Health.)

HOUSING CONDITIONS

For year ended 31st December, 1927.

GENERAL STATISTICS.

Area (acres)	..	..	..	..	8,582
Population (1927)	..	..	..	..	245,000
Number of inhabited houses (1921)	..	..	..	..	54,657
Number of families or separate occupiers (1921)	..	..	..	..	—
Rateable Value, 31st December, 1927	..	..	..	..	£1,499,574
Sum represented by a penny rate	..	..	..	..	£5,757

HOUSING.

Number of new houses erected during the year :—

(a) Total	..	..	..	..	2,581
(b) With State assistance under the Housing Acts:					
(i) By the Local Authority	..	..	..	..	1,590
(ii) By other bodies or persons	..	..	..	..	265

1.—UNFIT DWELLING HOUSES—INSPECTION.

(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	..	..	..	..	6,192
(2) Number of dwelling houses which were inspected and recorded under the Housing Consolidated Regulations, 1925..	..	..	..	..	455
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	..	..	..	34

(4) Number of dwelling houses (exclusive to those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation.. .. .	455
---	-----

2.—REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,940
---	-------

3.—ACTION UNDER STATUTORY POWERS.

A—*Proceedings under Section 3 of the Housing Act, 1925.*

(1) Number of dwelling houses in respect of which Notices were served requiring repairs	67
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	45
(b) By Local Authority in default of owners	0
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	0

B—*Proceedings under Public Health Acts.*

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	3,308
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By owners	107
(b) By Local Authority in default of owners	0

C—*Proceedings under Section 11 of the Housing Act, 1925.*

(1) Number of representations made with a view to the making of Closing Orders ..	34
(2) Number of dwelling houses in respect of which Closing Orders were made ..	34
(3) Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit..	0
(4) Number of dwelling houses in respect of which Demolition Orders were made ..	0
(5) Number of dwelling houses demolished voluntarily by owners	15

TABLE 26.

LIST OF REGISTERED MATERNITY HOMES.

NO. IN REGISTER.	ADDRESS.	NO. OF BEDS.
1.	9 Mere Road	1
2.	13 Beckingham Road ..	2
3.	Central Nursing Home, 33 Severn Street ..	6
4.	1 Pool Road	4
5.	40 Farnham Street ..	2
6.	229 Melton Road ..	5
7.	Home of Twilight Sleep, 3 Elmfield Avenue ..	10
8.	79 St. Saviour's Road E. ..	2
9.	49 St. Barnabas' Road ..	2
10.	56 Clarendon Park Road ..	3
12.	32 Narborough Road ..	4
13.	193 Narborough Road ..	7
14.	108 Humberstone Drive ..	1
15.	66 Uppingham Road ..	4
16.	2 Melbourne Street ..	1
17.	"Coneston," Thoresby Street ..	2
20.	38 Cromford Street ..	1
21.	Maternity Hospital, Causeway Lane ..	26
28.	9 De Montfort Square ..	6

TABLE 27.

DIPHTHERIA IN LEICESTER.

Cases notified and deaths registered during each quarter
during years 1922-27. (From Registrar General's
Quarterly Report.)

Year	Quarter			Cases	Deaths	Case Mortality %
1922	First	..	..	—	—	—
	Second	..	..	38	5	13.1
	Third	..	..	24	2	8.3
	Fourth	..	..	33	1	3.0
1923	First	..	..	27	3	11.1
	Second	..	..	37	1	2.7
	Third	..	..	26	1	3.8
	Fourth	..	..	41	5	12.2
1924	First	..	..	57	7	12.3
	Second	..	..	36	5	13.8
	Third	..	..	76	7	9.2
	Fourth	..	..	252	14	5.5
1925	First	..	..	152	11	7.2
	Second	..	..	76	8	10.5
	Third	..	..	38	4	10.5
	Fourth	..	..	81	9	11.1
19 6	First	..	..	94	18	19.1
	Second	..	..	92	12	13.0
	Third	..	..	82	4	4.8
	Fourth	..	..	99	4	4.4
1927	First	..	..	73	7	9.5
	Second	..	..	42	0	—
	Third	..	..	61	2	3.2
	Fourth	..	..	136	2	1.4
1928	First	..	..	134	5	3.7

TABLE 28.

Deaths during 1927 of Persons belonging to City of Leicester as classified by the Registrar General according to Disease, Sex and Age-Period.

CAUSE OF DEATH.	SEX	All Ages	0	1	2	5	15	25	45	65	75
All Causes	M	1516	191	47	31	25	68	179	419	316	273
	F	1701	114	41	37	33	53	187	345	319	274
1. Enteric fever	M	..	..	..	..	..	..	..	..	..	..
	F	1	..	..	..	..	..	1	..	..	..
2. Smallpox	M	..	..	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..
3. Measles	M	17	4	9	4	..	..	..	..	..	..
	F	9	2	4	3	..	..	..	..	..	..
4. Scarlet fever	M	1	..	1	..	..	..	..	..	..	..
	F	3	..	1	1	..	..	..	1	..	..
5. Whooping cough	M	18	9	6	3	..	..	..	..	..	..
	F	18	6	5	6	1	..	..	..	..	..
6. Diphtheria	M	4	..	1	1	2	..	..	..	..	..
	F	7	1	2	1	2	..	1	..	..	..
7. Influenza	M	45	1	1	..	1	2	11	11	10	8
	F	52	..	1	2	..	2	7	17	14	9
8. Encephalitis lethargica	M	3	..	..	..	..	..	2	1	..	..
	F	1	..	..	..	..	..	1	2	1	..
9. Meningococcal meningitis	M	1	1	..	..	..	..	..	..	..	..
	F	..	..	..	..	..	..	..	..	..	..
10. Tuberculosis of respiratory system	M	167	2	1	1	1	26	72	52	9	3
	F	129	1	2	1	3	30	66	24	1	1
11. Other tuberculous diseases	M	22	6	4	6	3	2	7	..	4	..
	F	29	3	4	6	6	4	4	1	..	1
12. Cancer, malignant disease	M	171	..	..	..	1	1	10	69	59	31
	F	189	..	..	..	..	..	25	79	55	29
13. Rheumatic fever	M	5	..	..	..	1	1	1	1	..	1
	F	1	..	..	..	..	1	1	..	2	..
14. Diabetes	M	15	..	..	..	..	..	2	7	6	..
	F	13	..	..	..	..	..	1	5	3	4
15. Cerebral hæmorrhage, &c.	M	73	1	..	..	..	1	1	20	23	27
	F	121	..	..	..	1	1	2	34	41	42
16. Heart disease	M	187	..	..	..	3	6	44	61	59	41
	F	202	..	..	..	1	4	45	62	61	58
17. Arterio-sclerosis	M	60	..	..	..	..	..	1	11	21	24
	F	61	..	..	..	..	..	..	10	23	28

TABLE 28 continued.

CAUSES OF DEATH.	Sex	All Ages	0—	1—	2—	5—	15—	25—	45—	65—	75—
18. Bronchitis	M	75	10	2	2	..	..	2	12	20	27
	F	102	1	1	2	..	..	2	11	39	43
19. Pneumonia (all forms)	M	107	23	17	6	1	6	11	27	9	7
	F	89	18	12	7	4	2	5	13	12	16
20. Other respiratory diseases	M	13	2	..	1	..	..	1	3	3	3
	F	16	..	..	1	..	2	1	3	3	6
21. Ulcer of stomach and duodenum	M	16	..	..	..	..	..	3	12	1	..
	F	8	..	..	..	..	..	1	5	1	1
22. Diarrhoea, &c.	M	22	15	4	1	..	..	1	1	..	..
	F	23	10	6	1	1	..	1	1	1	3
23. Appendicitis and typhilitis	M	13	..	..	1	2	..	4	6	..	..
	F	6	..	..	..	..	1	3	2	..	..
24. Cirrhosis of liver	M	10	1	..	..	..	..	..	7	2	..
	F	4	..	..	..	..	..	..	3	1	..
25. Acute and chronic nephritis	M	51	..	1	..	..	3	5	21	15	6
	F	51	..	..	..	..	1	10	12	17	11
26. Puerperal sepsis	M	..	..	..	..	..	..	..	..	..	..
	F	6	..	..	..	..	..	1	..	..	..
27. Other accidents and diseases of pregnancy and parturition	M	..	..	..	..	..	..	..	..	..	..
	F	10	..	..	..	..	1	9	..	..	..
28. Congenital debility and malformation, premature birth	M	82	81	..	1	..	..	..	..	..	..
	F	55	53	..	..	2	..	..	..	..	..
29. Suicide	M	26	..	..	..	..	2	4	14	6	..
	F	8	..	..	..	..	..	1	6	1	..
30. Other deaths from violence	M	60	6	..	3	7	9	8	13	8	6
	F	23	..	..	2	..	1	2	7	2	9
31. Other defined diseases	M	271	32	..	1	3	9	19	64	54	89
	F	258	16	3	4	12	3	26	45	41	114
32. Causes ill defined or undrawn	M	1	..	..	..	..	..	..	..	1	..
	F	..	..	..	..	..	..	..	..	..	..

This Table gives the figures of the Registrar General and takes the place of the table giving the locally classified figures used in previous reports.

The figures for deaths under one year, and for death from tuberculosis, cancer and other diseases, used in the body of this report are not these figures but the figures as classified by the Medical Officer of Health for Leicester.

TABLE 29. ADMINISTRATION OF THE FACTORY AND WORKSHOP ACT, 1901.

As required by the Ministry of Health.

1. Inspection of Factories, Workshops and Workplaces.

Including Inspection made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Inspections.	Number of	
		Written Notices	Occupiers prosecuted
(1)	(2)	(3)	(4)
Factories	170	24	..
(Including Factory Laundries)			
Workshops	296	6	..
(Including Workshop Laundries)			
Workplaces .. .. .	..	..	..
(Other than Outworkers' premises)			
Total	426	27	..

2. Defects found in Factories, Workshops and Workplaces.

Particulars.	Number of Defects.			Number of Offences in respect to which Prosecutions were instituted.
	Found.	Remedied	Referred to H.M. Inspector	
(1)	(2)	(3)	(4)	(5)
Nuisances under the Public Health Acts:—				
Want of Cleanliness	15	14	..	..
Want of Ventilation	1	1	..	..
Overcrowding .. .. .	..	..	..	..
Want of Drainage of Floors .. .. .	..	..	..	..
Other Nuisances	6	5	..	..
Sanitary Accommodation	11	9	..	..
(insufficient)				
(unsuitable or)				
(defective)	3	3	..	..
(not separate for)				
(sexes)	3	3	..	..
Offences under the Factory and Workshop Act:—				
Illegal occupation of underground bakehouse (s. 161) .. .. .	..	..	..	..
Other Offences .. .. .	..	..	..	..
(Excluding offences relating to out-work and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.)				
Total	39	3

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